2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P00000088728** 1. Entity Name HEALTH SOUTH REHABILITATION CENTER, INC. 04-14-2004 90073 036 ***150.00 Principal Place of Business Mailing Address 4892 NW 7 ST 4892 NW 7 ST MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 751 710NW 7ST 1710 NW Suite, Apt. #, etc. 04092004 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number 65-1040461 Not Applicable llam Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3*3 125* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANIZARES, ROY-Street 8600 SW 159 PL MIAMI, FL 33193 City Zip Code 33125 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, type of registeree agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition PD ☐ Delete TITLE TITLE Canizares, 4 CANIZARES, ROY NAME NAME 719 20 STREET ADDRESS STREET ADDRESS 8600 SW 159 PL CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33193 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Defete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information exposed with this filing does for qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or emplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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