## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 01, 2004 8:00 am Secretary of State

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DOCUMENT # P03000079497  1. Enlity Name ACM REHABILITATION CENTER, CORP.												
Principal Place	of Business		Mailing	Address		·——	7					
9600 SW 8TH STREET 9600 SW 8TH STREET							-					
SUITE #43 SUITE #43							ŀ		004	2500	10	
MIAMI, FL 33165								1 (\$11(53)   1)	mm w hhái		An municipal	
Principal Place of Business     3. Mailing Address												
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				4122004	Chg-P	CR2	2E034 (10/03)	
City & State			City 8	City & State			4.	FEI Number	09802	<b>9</b> .		plied For Applicable
Zip		Country	Zip		Cour	itry	5.		of Status Desired		\$8.75 Add	litional
	. 6	nd Address of Curr	ent Registered	t Accent	l			<u> </u>	Address of New		Fee Require	d
	, /A	12 700.000 0.	o Hogiewie	- rage-it		Name		HERE HILL	ACCOUNT OF THEM	resgiates.	ou ngone	
SAEZ, JÁVIER DAVID						Stroot Address (D.O. Day Mumber in Net Accounts)						
3135 VILLAGE GREEN DRIVE MIAMI, FL 33175						Street Address (P.O. Box Number is Not Acceptable)						
:												
						City				F	Zip Cod	e
8. The above	named entity	submits this stateme	nt for the purpo	se of changing its	register	ad office or regis	stered a	nent, or bol	h. in the State of			and accept
	ions of register			or o	g	,		.go, a. a.	P. ( 0,0 0.0.2 0)		(213(21 (41))	ш.о <b>сосо</b> р.
SIGNATURE_												_
0.0.0.0	Signature, typed or	printed name of registered	agent and little if appli	cable. (NOT	E: Angistern	d Agent eignature raqu	uired when	rainstating)		DA	TE	
		EE IS \$150.00 Fee will be \$5	, I	Election Campa     Trust Fund Con	_		\$5.00 Added to	May Be				-
10.	1 1	OFFICERS A	AND DIRECTOR	18	11.	<u> </u>	A	DOITIONS	CHANGES TO C	FFICERS A	AND DIRECTOR	S IN 11
TITLE	PD			☐ Delete	TITL	E.					☐ Change	Addition
NAME	SAEZ, JAVI				NAM							
STREET ADDRESS	MIAMI, FL	GE GREEN DR				ZET ADDRESS ST - Zup						
TITLE	1000-0001, 1 E	30173		C) Delete	Tim.						☐ Change	Addition
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name Street address					MAA STR	EET ADDRESS		•				
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NAME	}			ب vaa:	MAN						<b>∪</b> •€100	A0000001
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TITLE NAME				☐ Delete	TEEL RAN				,		☐ Change	Addition
STREET ADDRESS						EET ACORESS						
CITY-ST-2IP				•		Y-ST-ZIP						
12. I hereby indicated of the co-	certify that the I on this report reporation or the , or on an altac	information supplied or supplemental re- receiver or insteed threat with an add	d with this filing but is true and a empowered to ess, with all oth	does not qualify to accurate and that execute this reporter like empowered	r the exemple signal tas required.	emption stated in ature shall have the ired by Chapter ( UIER D	Section the sam 607, Fig.	n 119.07(3) e legal effect orida Statute	(i), Florida Statute of as if made und as; and that my n	s. I further er oath; th ame appe	r certify that the i at I am an office are in Block 10 o	nformation r or director r Block 11 it
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SIGNAT	URE: 4		7 P	E OF SIGNAL OFFICES	/ NDE	700	EN		27/4/01		JUN / !	