

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000101717

**FILED  
Aug 16, 2004  
Secretary of State**

**Entity Name:** CENTRAL FLORIDA MEDICAL & REHAB CENTER, INC.

**Current Principal Place of Business:**

1159 E. ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1159 E. ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 13-4264398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDRA, VAZQUEZ  
1676 GRAND OAK CT  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VAZQUEZ, FIDEL  
Address: 1159 E. ALTAMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP ( ) Delete  
Name: VAZQUEZ, SANDRA  
Address: 1676 GRAND OAK CT  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA VAZQUEZ

VP

08/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date