2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P97000072729

1. Entity Name

SELECT MEDICAL RECRUITERS, INC.



## FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90094 026 \*\*\*150.00

Principal Place of Business		Mailing Address		
8754 VIA ANCHO BOCA RATON FL 33433		8754 VIA ANCHO BOCA RATON FL 33433		24U22110
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0776111 Applied For Not Applicable
Zip	Country	Zip	Country .	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
AMADDES LIVAINED			Name _	المراجعة المنطق سيب الأخالا الطائف والإمام المستعدد المالة
WARREM, LYNNE D 8754 VIA ANCHO BOCA RATON FL 33433			Street Ac	ddress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
				<b>FL</b>
the obligation	e named entity submits this statement the statement of registered agent.	it for the purpose of changing it	s registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	ingrigature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstating) DATE
15 mail 1975 american Andrew	THE COURT OF STATE OF			· · · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARREN, LYNNE D		NAME	
STREET ADDRESS CITY-ST-ZIP	8754 VIA ANCHO BOCA RATON FL 33433		STREET ADDRESS CITY-ST-ZIP	
TITLE	BOOK HATONT E 33433	☐ Delete	TITLE	Change Addition
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TITLE		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

3/3/04 487-

481-4 (よう Daytime Phone #