

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 034 ***150.00

DOCUMENT # P00000037965

1. Entity Name
LIFE CARE REHAB, INC.



Principal Place of Business
**3401 TAMiami TRAIL NORTH, STE. 207
NAPLES, FL 34103**

Mailing Address
**3401 TAMiami TRAIL NORTH, STE. 207
NAPLES, FL 34103**

94070667



2. Principal Place of Business
18302 Highwoods Preserve Parkway

3. Mailing Address
18302 Highwoods Preserve Parkway

Suite, Apt. #, etc.
Suite 114

Suite, Apt. #, etc.
Suite 114

04142004 Chg-P CR2E034 (10/03)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-3720366

Applied For
Not Applicable

Zip
33647

Country
USA

Zip
33647

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M
821 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
PICCIANO, JOHN R
3401 TAMiami TRAIL NORTH, STE. 207
NAPLES, FL 34103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
DONLEVY, MICHAEL P
3401 TAMiami TRAIL NORTH, STE. 207
NAPLES, FL 34103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
COHEN, ROBERT M
3401 TAMiami TRAIL NORTH, STE. 207
NAPLES, FL 34103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**18302 Highwoods Preserve Parkway Suite 114
Tampa, Florida 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ 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 OFFICER OR DIRECTOR

John R. Piccano, President

04/29/04

Date

813-978-1933

Daytime Phone #