

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568579

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: EMERALD HILLS REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

3850 SHERIDAN STREET  
HOLLYWOOD, FL 330213634

**New Principal Place of Business:**

**Current Mailing Address:**

3850 SHERIDAN STREET  
HOLLYWOOD, FL 330213634

**New Mailing Address:**

FEI Number: 59-1815845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAPIRO, CHARLES M PRES.  
3850 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAPIRO, CHARLES M PD  
Address: 4405 TAYLOR STREET  
City-St-Zip: HOLLYWOOD, FL

Title: ST ( ) Delete  
Name: SHAPIRO, ANNA B ST  
Address: 3811 THOMAS STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: VP ( ) Change (X) Addition  
Name: SHAPIRO, KAREN S VP  
Address: 4405 TAYLOR STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: CHARLES M. SHAPIRO

PD

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date