2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	AITHORE II	TE OFFE IN				Eab 02 2004 08:00 AM		
DOCUMENT # 616074" 1. Entity Name						Feb 02, 2004 08:00 AM Secretary of State		
REHABILITATION CONSULTANTS OF PALM BEACH COUNTY,INC.								
Principal Place of Business Mailing Address				<i>-</i>				
P. O. BOX 1 WEST PALM	5087 4 BEACH FL 33416	P. O. BOX 15087 WEST PALM BEAC	P. O. BOX 15087 WEST PALM BEACH FL 33416					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)		
City & State		City & State		4.	. FE! Number 59-1947175 Applied Fc Not Applie	_		
Zιρ	Country Z _i p Co		Соил	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	Registered Agent	gistered Agent			Name and Address of New Registered Agent		
CIBULA, FRANK				Name				
155	ULA, FRANK 1 FORUM PL. SUTIE 2000 ST PALM BEACH FL 33401	Street Addres		dress (P.O.	(P.O. Box Number is Not Acceptable)			
VVE.	ST FALIVI DEAUR FL 334UT							
				City		Z _P Code	 -	
		or the purpose of changin	g its register	ed office or r	registered a	agent, or both, in the State of Flonda. I am familiar with, and acc	:ept	
the obligat	ions of registered agent.	-						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE Registere	d Agent signatur	e required whom	pronstating) DATE	-	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department of	d State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>-</u> :	
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NAME	TOMSON, LEE A		NAM	}		H00000000000	ù.	
STREET ADDRESS CITY-ST-ZIP	6174 SUMMIT BLVD. WEST PALM BEACH FL 33415			ET ADDRESS ST-ZIP		U00000027363 02/03/04-80043-019 150.00		
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NAME PYREET AROPECO			NAM	į.				
STREET ADDRESS CITY-ST-78P				ET ADDRESS -ST-ZIP				
	certify that the information supplied with	this filing does not qualif	<u></u>		d in Section	n 119.07/3\(ii). Florida Statutes, I further certify that the information	=	

indicated on this report or supplied with this tiling does not quality for the exemption stated in Section 19.07(3)t), Florida Statutes, Fromber Certing that the information indicated on this report or suppliemental 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. 0/29 04 54/683 7250

SIGNATURE: SIGNATURE AND TYPED OR PRINTED RAME OF SIGNANG OFFICER OR DIRECTOR

FILED