

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2004
Secretary of State**

DOCUMENT# 725328

Entity Name: PSYCHO-SOCIAL REHABILITATION CENTER, INC.

Current Principal Place of Business:

5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5711 S. DIXIE HIGHWAY
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1466709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATOS-LACASA, MARY R
5711 S DIXIE HWY
S. MIAMI, FL 33143 US

Name and Address of New Registered Agent:

GIAMPAOLO, JOHN C VP ADM
5711 S DIXIE HWY
S. MIAMI, FL 33143 US

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: JOHN GIAMPAOLO 02/13/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JUNG, PETER
Address: 14303 SW 80 AVE
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: KLOMPARENS, AL
Address: 9131 SW 19 ST
City-St-Zip: S. MIAMI, FL

Title: SD () Delete
Name: GREEN, NANCY
Address: 10320 SW 69 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: CD () Delete
Name: SIBLEY, CURTISS
Address: 5750 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: SANTANA, PUBLIO M
Address: 5711 S DIXIE HWY
City-St-Zip: SOUTH MIAMI, FL 33143

Title: PD (X) Delete
Name: WIENER, HOWARD
Address: 5711 S DIXIE HWY
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KREISBERG, IRVING
Address: 251 CRANDON BLVD APT#500
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

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

Title: PD (X) Change () Addition
Name: SANTANA, PUBLIO M
Address: 5711 S DIXIE HWY
City-St-Zip: SOUTH MIAMI, FL 33143

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PUBLIO M. SANTANA PD 02/13/2004
Electronic Signature of Signing Officer or Director Date