

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90292 036 ***158.75

DOCUMENT # H66882

1. Entity Name
THE CENTER OF OSCEOLA, INC.



Principal Place of Business

18679 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469 US

Mailing Address

18679 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469 US

2. Principal Place of Business

18745 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

18745 SE Federal Hwy
Suite, Apt. #, etc.



04142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2575495

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBENFELD, DAREN E
18679 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name *Daren Rubenfeld*

Street Address (P.O. Box Number is Not Acceptable)
18745 SE Federal Hwy

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]
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 PS ☐ Delete
NAME MILLER, ROBERT L.
STREET ADDRESS 18679 SE FEDERAL HIGHWAY
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE V ☐ Delete
NAME RUBENFELD, DAREN L
STREET ADDRESS 18679 SE FEDERAL HIGHWAY
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE V ☐ Delete
NAME AUSTIN, CHRISTOPHER
STREET ADDRESS 18679 SE FEDERAL HIGHWAY
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *18745 SE Federal Hwy*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *18745 SE Federal Hwy*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *18745 SE Federal Hwy*
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #