

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53404

FILED
Apr 13, 2004
Secretary of State

Entity Name: REHABILITATION INSTITUTE OF GREATER MIAMI, INC.

Current Principal Place of Business:

6431 PINE TREE DRIVE CIRCLE
MIAMI, FL 33141

New Principal Place of Business:

6431 PINE TREE DRIVE CIRCLE
MIAMI BEACH, FL 33141

Current Mailing Address:

6431 PINE TREE DRIVE CIRCLE
MIAMI, FL 33141

New Mailing Address:

6431 PINE TREE DRIVE CIRCLE
MIAMI BEACH, FL 33141

FEI Number: 65-0065444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, CHARLES MD
6431 PINE TREE DRIVE CIRCLE
MIAMI, FL 33141

Name and Address of New Registered Agent:

WEISS, CHARLES MD
6431 PINE TREE DRIVE CIRCLE
MIAMI BEACH, FL 33141

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:

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WEISS, CHARLES,
Address: 6431 PINE TREE DR. CR.
City-St-Zip: MIAMI, FL 33141

Title: SD () Delete
Name: WEISS, TEENA ELLEN
Address: 6431 PINE TREE DR CIR.
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: WEISS, CHARLES,
Address: 6431 PINE TREE DR. CR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD (X) Change () Addition
Name: WEISS, TEENA ELLEN
Address: 6431 PINE TREE DR CIR.
City-St-Zip: MIAMI BEACH, FL 33141

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 WEISS

DPS

04/13/2004

Electronic Signature of Signing Officer or Director

Date