

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K78214

FILED
Feb 10, 2004
Secretary of State

Entity Name: KINGS POINT REHABILITATION CENTER, INC.

Current Principal Place of Business:

P O BOX 6573
DELRAY BEACH, FL 334826593 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6573
DELRAY BEACH, FL 334826593 US

New Mailing Address:

FEI Number: 65-0112294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARKE, VERONICA
3049 NAUTICAL WAY
LAKE WORTH, FL 33462

Name and Address of New Registered Agent:

DREGHICI, TIBI
15210 CARTER ROAD
DELRAY BEACH, FL 33446

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: TIBI DREHICI

02/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CRISAN, OLIVER
Address: P O BOX 6573
City-St-Zip: DELRAY BEACH, FL 33482

Title: PVST () Delete
Name: CRISAN, OLIVER
Address: P O BOX 6573
City-St-Zip: DELRAY BEACH, FL 33482

Title: ST () Delete
Name: CRISAN, OLIVER
Address: 15210 CARTER RD., STE. D-1
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: ST () Delete
Name: CRISAN, OLIVER
Address: 15210 CARTER RD., STE. D-1
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: P () Delete
Name: CRISAN, OLIVER
Address: 15200 JOG ROAD C-4
City-St-Zip: DELRAY BEACH, FL

Title: P () Delete
Name: CRISAN, OLIVER
Address: 15200 JOG ROAD C-4
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: OLIVER CRISAN

UD

02/10/2004

Electronic Signature of Signing Officer or Director

Date