

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53281

**FILED**  
**Jan 08, 2004**  
**Secretary of State**

**Entity Name:** REHABILITATION & MEDICAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

% GREG ROSS  
400 S.E. 8TH ST.  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

% GREG ROSS  
311 SE 10TH CT  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

% GREG ROSS  
400 S.E. 8TH ST.  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

% GREG ROSS  
311 SE 10TH CT  
FT. LAUDERDALE, FL 33316

FEI Number: 65-0184217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSS, GREG  
400 S.E. 8TH ST.  
FT LAUDERDALE, FL 33316

**Name and Address of New Registered Agent:**

ROSS, GREG  
311 SE 10TH CT  
FT LAUDERDALE, FL 33316

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: GREG ROSS

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROSS, FRONA,  
Address: 765 BAMBOO DR  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROSS, FRONA  
Address: 765 BAMBOO DR  
City-St-Zip: BOCA RATON, FL 33432

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: FRONA ROSS

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date