

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25516

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: POMPANO PHYSICAL REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

1251 E SAMPLE RD  
STE B  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

1251 E SAMPLE RD  
STE B  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

FEI Number: 59-2626678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EDWARD, HANY  
1251 E. SAMPLE RD., SUITE B  
POMPANO BEACH, FL 33064 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EDWARD, HANY  
Address: 1251 E. SAMPLE RD  
City-St-Zip: POMPANO BCH, FL 33064

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

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: HANY EDWARD

D

04/21/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date