

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000354

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA REHABILITATION PARTNERSHIP, INC.

Current Principal Place of Business:

2900 E OAKLAND PARK BLVD, 3RD FLOOR
FT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2900 E OAKLAND PARK BLVD, 3RD FLOOR
FT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 65-1152320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK-GARFIELD, TRUDY PHD
2900 E OAKLAND PARK BLVD, 3RD FLOOR
FT LAUDERDALE, FL 33306

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSENBLATT, MARVIN PH.D.
Address: 6203 W. COMMERCIAL
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: DV () Delete
Name: BLOCK-GARFIELD, TRUDY
Address: 2900 W. OAKLAND PARK BLVD. -THIRD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VD () Delete
Name: LIVINGSTON, PATSY C
Address: 1600 STATE ROAD 89
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DS () Delete
Name: SCHEITZER, GERRY
Address: 6444 LAKESHORE DRIVE
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: PEAEMONTE, MONICA PSY.D.
Address: 1881 UNIVERSITY DR. #104
City-St-Zip: CORAL SPRINGS, FL 33071

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:

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

SIGNATURE: TRUDY BLOCK-GARFIELD

DV

04/30/2004

Electronic Signature of Signing Officer or Director

Date