
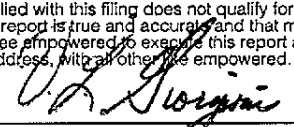


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002894 1. Entity Name FLORIDA HOPE AND REHABILITATION CENTER, INC.					
Principal Place of Business 5010 N 40TH ST TAMPA, FL 33610		Mailing Address 2123 NE COACHMAN ROAD STE A CLEARWATER, FL 33765			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0789935	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LITTLE, THOMAS C ESQ 2123 NE COACHMAN ROAD STE A CLEARWATER, FL 33765			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITTLE, THOMAS C	NAME	100000153324 05/04/04-80121-025 61.25		
STREET ADDRESS	2123 NE COACHMAN ROAD STE A	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33765	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINO, WILLIAM	NAME			
STREET ADDRESS	5010 N 40TH ST	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIORGIONE, DAVID	NAME			
STREET ADDRESS	18805 US 19 N	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE: _____				DATE _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone # _____	