

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90010 017 ***150.00

DOCUMENT # P00000056449

1. Entity Name
PALM REHABILITATION INSTITUTE, INC.



Principal Place of Business
55 WEST 29TH STREET
HIALEAH, FL 33012

Mailing Address
55 WEST 29TH STREET
HIALEAH, FL 33012

24075885



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1017282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, BARBARA
2055 SW 60 COURT
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name **BLANCA N. GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable)

55 W 29 ST

City **HIALEAH**

FL

Zip Code

33012

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

BLANCA GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

5-12-04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CASTILLO, BARBARA C
STREET ADDRESS 2055 SW 60 CT.
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GONZALEZ, BLANCA N.**
STREET ADDRESS **55 W 29 ST**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLANCA GONZALEZ

5-12-04 (305) 885-7255
Date Daytime Phone #

ATTACHMENT
24075885

PALM REHABILITATION INSTITUTE INC.

**55 West 29 St
Hialeah, Florida 33012**

May 12, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: 2004 Uniform Business Report
Document # - P00000056449**

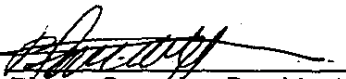
To whom it may concern,

I am enclosing a check for \$150 to pay the 2004 Uniform Business Report. Our company never received the original UBR. We have been in business since 2000 and have never been late in filing this report. Please accept my check and re-instate my corporation.

I am a small business owner and during these tough economic times would appreciate your acceptance.

Your help is greatly appreciated.

Sincerely,


Blanca Gonzalez, President