2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068373

Entity Name: ADVANCE REHABILITATION CENTER CORP.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8036 W FLAGLER ST STE 103 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8036 W FLAGLER ST STE 103 MIAMI, FL 33144

FEI Number: 65-1025555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LAMPAY, AMELIA L 11021 SW 7TH STREET MIAMI, FL 33174

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: PD (X) Change () Addition Name: LLAMBAY, AMELIA Name: LLAMPAY, AMELIA

 Address:
 11021 SW 7TH STREET
 Address:
 5443 SW 143 CT

 City-St-Zip:
 MIAMI, FL 33174
 City-St-Zip:
 MIAMI, FL 33175

Title: PD (X) Delete Title: () Change () Addition
Name: TFLLFZ JUAN CARLOS Name:

 Name:
 TELLEZ, JUAN CARLOS
 Name:

 Address:
 5443 SW 143 COURT
 Address:

 City-St-Zip:
 MIAMI, FL 33175
 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: AMELIA LLAMPAY PD 01/07/2004