

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90002 033 \*\*\*150.00

**DOCUMENT # P00000075986**

1. Entity Name  
**AVENTURA REHAB, INC.**



Principal Place of Business  
**3029 NORTHEAST 183RD LANE  
AVENTURA, FL 33160**

Mailing Address  
**3029 NORTHEAST 183RD LANE  
AVENTURA, FL 33160**

**54056467**



03212003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-2968518**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BARBACH, ELISSA  
3029 NE 183RD LANE  
AVENTURA, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BARBACH, MARVIN M  
3029 NE 183 LANE  
AVENTURA, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Elissa Barbach* 5/27/04 932 5505

*attachment*  
**LAW OFFICES**  
**ABRAMS ANTON P.A.**

54056467  
#P00000075986

Maynard Abrams  
1918-1992

Paul B. Anton  
1927-1981

Mitchell D. Adler  
Laurence I. Blair §  
Milton S. Blaut §  
Alan B. Cohn \*  
Claudia Sanchez Fabrega  
Maurice M. Garcia  
Gene K. Glasser \*  
William S. Kramer \*  
Danielle L. Rosen

Kenneth A. Rubin  
Reuben M. Schneider \*  
Peter R. Siegel  
Marc Jay Tannen  
Jack F. Weins  
David Weisman \*

Of Counsel  
Leonard Robbins  
Stanley D. Gottsegen ¶

2021 Tyler Street  
Hollywood, Florida 33020  
Correspondence To:  
P.O. Box 229010, Hollywood, Florida 33022-9010  
Telephone: (954) 921-5500  
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Boca Raton & Delray: (561) 994-2212  
North Broward: (954) 428-9800  
Miami: (305) 940-8440  
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**Boca Raton Office**  
One Boca Place - Suite 411E  
2255 Glades Road  
Boca Raton, Florida 33431-7383  
Facsimile: (561) 997-8494  
Palm Beaches: (561) 833-4710  
(Direct To Boca Raton Office Only)

Reply To: Hollywood

File No.: ARI2L-0001

\* Board Certified Tax Lawyer  
□ Board Certified Estate Planning  
and Probate Lawyer  
○ Board Certified Real Estate Lawyer

‡ Member of D.C. Bar  
§ Member of N.Y. Bar  
¶ Member of Ohio Bar

May 27, 2004

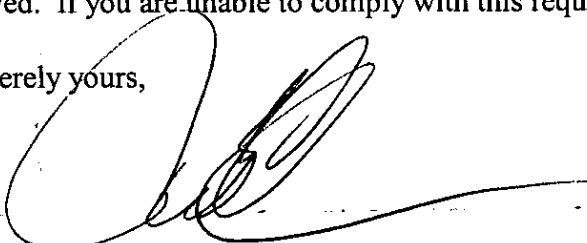
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

**Re: Aventura Rehab, Inc.**  
**Document No. P00000075986**

Dear Sir/Madam:

Please be advised that the above referenced client did not receive notification from your office that the annual report was due. Enclosed for filing is the 2004 Annual Report and a check in the amount of \$150.00. Under the circumstances, it is respectfully requested that the late fee of \$400.00 be waived. If you are unable to comply with this request, please let me know.

Sincerely yours,



**ALAN B. COHN**  
ABC/mv/Enclosures  
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