


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90058 032 \*\*\*150.00

<b>DOCUMENT # P00000100906</b>	
1. Entity Name <b>FLORIDA MEDICAL AND REHABILITATION CENTER, INC.</b>	

Principal Place of Business <b>7171 CORAL WAY SUITE 219 417 MIAMI FL 33155</b>	Mailing Address <b>7171 CORAL WAY SUITE 219 MIAMI FL 33155</b>
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2. Principal Place of Business <b>7171 CORAL WAY</b> Suite, Apt. #, etc. <b>- 417</b>	3. Mailing Address <b>7171 CORAL WAY</b> Suite, Apt. #, etc. <b>- 417</b>
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City & State <b>MIAMI - FLORIDA</b>	City & State <b>MIAMI - FLORIDA</b>
Zip <b>33155</b>	Zip <b>33155</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1049609</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>EALARDI, ESIO F 7171 CORAL WAY SUITE 219 MIAMI FL 33155</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALARDI, ESIO F 2830 N.W. 94TH ST. MIAMI FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIO, ALBERTO 1947 N.W. 32ND ST. MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Esio Galardi **02-16-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #