2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 08:00 AM DOCUMENT # P00000111705 Secretary of State TOWER GROUP REHAB CENTER, INC. Principal Prace of Business Mailing Address 11880 SW 40 STE, STE 116 11880 SW 40 STE, STE 116 MIAMI, FL 33175 MIAMI, FL 33175 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numper 65-1059854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORGE, MARCIA DO NOT WRITE 11880 SW 40 STE, STE 116 MIAMI, FL. 33174 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or polit, in the State of Florida. I am familiar with, and accept the optications of registered agent alignature, typedier or ned name of registe ediagon and the Tapa can e ("ICTE: Registe ed Agenta grature required when reinataling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 1/00000013563 01/26/04-80058-019 150.00 NAME JORGE, MARCIA STREET ADDRESS 11880 SW 40 STE, STE 116 CITY ST ZIP MIAMI, FL 33174 TITLE JORGE, RICARDO NAME 11880 SW 40 STE, STE 116 STREET ADDRESS CITY ST ZIP MIAMI, FL 33175 TITLE **NAME** STREET ADDRESS DO NOT WRITE CITY ST ZE IN THIS SPACE TILE STREET ADDRESS CITY ST ZIP TITLE LAME

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I turther 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 attact ment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY ST ZIP TITLE LAME STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR