2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 22, 2004 Secretary of State

Entity Name: SOUTH BROWARD REHABILITATION ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business: 16401 NW 2ND AVE SUITE 204 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** C/O V LERRO & COMPANY 2600 N MILITARY TRAIL, STE 230 BOCA RATON, FL 33431 FEI Number: 65-1071011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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: PSD () Delete Title: () Change () Addition GOLDFARB, ZOYA Name: Name: 3810 SOUTH OCEAN DRIVE UNIT 3E Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: VTD Title: () Change () Addition () Delete Name: SPIVAK, ILYA Name: 3810 SOUTH OCEAN DRIVE UNIT 3E Address: Address: HOLLYWOOD, FL 33019 City-St-Zip: 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: ZOYA GOLDFARB P 04/22/2004