

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024834

Entity Name: MBH REHABILITATION, INC.

FILED  
Jan 16, 2004  
Secretary of State

## Current Principal Place of Business:

7491 RIDGEFIELD LANE  
LAKE WORTH, FL 33467

## New Principal Place of Business:

## Current Mailing Address:

7491 RIDGEFIELD LANE  
LAKE WORTH, FL 33467

## New Mailing Address:

FEI Number: 59-3715864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HABIB, BAHER  
7491 RIDGEFIELD LANE  
LAKE WORTH, FL 33467

## Name and Address of New Registered Agent:

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:

Title: DPVT ( ) Delete  
Name: HABIB, BAHER  
Address: 7491 RIDGEFIELD LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: ISHAK, EMAD  
Address: 7491 RIDGEHELD  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HABIB, BAHER  
Address: 7491 RIDGEFIELD LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: DT (X) Change ( ) Addition  
Name: ISHAK, EMAD  
Address: 10288 HUNT CLUB LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DV ( ) Change (X) Addition  
Name: SCHOTT, ROBERT  
Address: 4371 EMPRESS  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: BAHER HABIB

P

01/16/2004

Electronic Signature of Signing Officer or Director

Date