

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032422

Entity Name: CHARRIS REHAB, INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

1840 WEST 49TH STREET
SUITE 602
HIALEAH, FL 33012

Current Mailing Address:

1840 WEST 49TH STREET
SUITE 602
HIALEAH, FL 33012

New Principal Place of Business:

1840 WEST 49TH STREET
SUITE 602
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-1087004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARRIS, JOSE
1840 WEST 49TH STREET
SUITE 602
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CHARRIS, JOSE RPT
1840 WEST 49TH STREET
SUITE 602
HIALEAH, FL 33012 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: JOSE CHARRIS

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHARRIS, JOSE
Address: 15741 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD () Delete
Name: BOTERO, DOLLY
Address: 14751 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHARRIS, JOSE RPT
Address: 18580 SW 52ND STREET
City-St-Zip: MIRAMAR, FL 33029

Title: VPD (X) Change () Addition
Name: BOTERO, DOLLY RPT
Address: 18580 SW 52ND STREET
City-St-Zip: MIRAMAR, FL 33029

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: JOSE CHARRIS

PD

03/16/2004

Electronic Signature of Signing Officer or Director

Date