2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P01000039547

Entity Name: CEMAR DIAGNOSTIC & REHAB, INC.

Current Principal Place of Business:

4914 NORTH ARMENIA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

PO BOX 261746
TAMPA, FL 336851746

New Mailing Address:

FEI Number: 59-3710852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

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: PD ( ) Delete
Name: VALDEZ, ELISA
Address: 4914 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete
Name: DAVILA, HAYDEE
Address: 4914 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: VTD ( ) Delete
Name: DAVILA, JOSE R
Address: 4914 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALDEZ, ELISA
Address: 4914 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOSE R. DAVILA VTD 04/29/2004

Electronic Signature of Signing Officer or Director Date