

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90002 044 ***150.00

DOCUMENT # P01000055955

1. Entity Name
REHAB - COMPREHENSIVE CARE, INC.



Principal Place of Business
**313 SECOND STREET
LEESBURG, FL 33474-9**

Mailing Address
**313 SECOND STREET
LEESBURG, FL 33474-9**

54056907



04052004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2631184

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GERGES, BAHAA
32510 CRYSTAL BREEZE LANE
LEESBURG, FL 34788**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GERGES, BAHAA**
STREET ADDRESS **32510 CRYSTAL BREEZE LANE**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **V** ☐ Delete
NAME **VICIOSO, MYRIAM**
STREET ADDRESS **32510 CRYSTAL BREEZE LANE**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.

SIGNATURE: *X Bahaa Gerges*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6/2/2004

Date

X 3527286613

Daytime Phone #

Attachment

54056907

#PD/000055955

Judson B. Baggett, CPA, PA

Certified Public Accountants

Judson B. Baggett, MBA, CPA, Partner
Marci Reutimann, CPA, Partner

6815 Dairy Road
Zephyrhills, FL 33540
Phone: (813) 788-2155
Fax: (813) 782-8606

May 25, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2004 Uniform Business Report (UBR)
Rehab-Comprehensive Care, Inc.

Dear Sir or Madam,

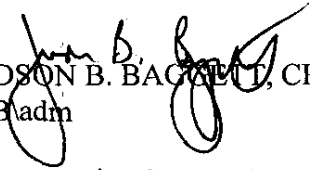
We are writing on behalf of the above referenced corporation. An officer of the corporation has just brought it to our attention that they did not receive from us, their UBR form and instructions for submission to the Division of Corporations.

Our records show that we did prepare the report and instructions, and mailed them to the corporation on April 5, 2004. The corporation did not receive the documents from us, apparently they were lost in the mail.

We respectfully request that you accept the enclosed UBR, along with payment of the original amount of \$150.00. We also request that you abate the late filing penalty as the corporation relied upon us to advise them of the form filing requirements and payment.

If we may be of further assistance in this matter, please call us at (813) 788-2155.

Sincerely,


JUDSON B. BAGGETT, CPA
JBB:adm

enc. Copy of original UBR
Check for \$150.00