

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088076

Entity Name: REHAB FLORIDA II, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

4521 NE 21ST. AVE., #1
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

1614 DUNSFORD ROAD
JACKSONVILLE, FL 322074210 US

Current Mailing Address:

4521 NE 21ST. AVE., #1
FT. LAUDERDALE, FL 33308

New Mailing Address:

1614 DUNSFORD ROAD
JACKSONVILLE, FL 322074210 US

FEI Number: 65-1154795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYBEE, SHARON
4521 NE 21ST. AVE., #1
FT. LAUDERDALE, FL 33308

Name and Address of New Registered Agent:

MAYBEE, SHARON
1614 DUNSFORD ROAD
JACKSONVILLE, FL 322074210 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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAYBEE, SHARON
Address: 4521 NE 21ST. AVE., #1
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAYBEE, SHARON
Address: 1614 DUNSFORD ROAD
City-St-Zip: JACKSONVILLE, FL 322074210 US

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: SHARON MAYBEE

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date