

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093369

FILED
Jan 07, 2004
Secretary of State

Entity Name: ALL CARE MEDICAL AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

12060 NW 7TH AVE.
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

12060 NW 7TH AVE.
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-1140215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYZEN, BORIS
3313 NE 15TH CT
FT LAUDERDALE, FL 33304 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: DPVS () Delete
Name: ROYZEN, BORIS
Address: 3313 NE 15TH CT
City-St-Zip: FT LAUDERDALE, FL 33304

Title: T () Delete
Name: ROYZEN, BORIS
Address: 3313 NE 15TH CT
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ROYZEN, BORIS
Address: 3313 NE 15TH CT
City-St-Zip: FT LAUDERDALE, FL 33304

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: BORIS ROYZEN

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date