


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000108253	
1. Entity Name TAMIAMI HEALTH CARE & REHABILITATION CENTER INC.	

Principal Place of Business TRAILS SHOPPING CENTER 940 SW 82ND AVENUE MIAMI, FL 33144	Mailing Address TRAILS SHOPPING CENTER 940 SW 82ND AVENUE MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1151582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVARADO, KARLA M 940 SW 82 AVENUE MIAMI, FL 33144	
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105820 04/07/04-80033-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARADO, KARLA M 940 SW 82ND AVENUE MIAMI, FL 33144
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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: 	3-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #