

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108847

FILED
Jul 15, 2005
Secretary of State

Entity Name: E&M REHAB & MEDICAL CENTER, INC.

Current Principal Place of Business:

1893 NE 164TH ST. SUITE 100
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1893 NE 164TH ST. SUITE 100
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1155004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUZARD, EDNER
2040 NE 171ST ST.
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

ROUZARD, EDNER
21300 NE 19 AVE.
MIAMI, FL 33179 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:

07/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROUZARD, EDNER
Address: 2040 NE 171ST ST
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D () Delete
Name: ROUZARD, MARJORIE
Address: 2040 NE 171ST ST
City-St-Zip: N. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROUZARD, EDNER
Address: 21300 NE 19 AVE.
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change () Addition
Name: ROUZARD, MARJORIE
Address: 21300 NE 19 AVE.
City-St-Zip: MIAMI, FL 33179

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: EDNER ROUZARD

PD

07/15/2005

Electronic Signature of Signing Officer or Director

Date