

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120618

FILED
Jul 29, 2004
Secretary of State

Entity Name: HEALTHMED REHAB CENTERS OF AMERICA, INC.

Current Principal Place of Business:

4486 N UNIVERSITY DR
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4486 N UNIVERSITY DR
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 01-0569629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKOP, MICHAEL W ESQ
12865 W DIXIE HWY
N MIAMI, FL 33161

Name and Address of New Registered Agent:

GOBER, GEORGE L
7809 W. COMMERCIAL BLVD
TAMARAC, FL 33351

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: GEORGE L. GOBER

07/29/2004

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: D () Delete
Name: ARANA, ALBERT
Address: PO BOX 25085
City-St-Zip: FT LAUDERDALE, FL 33320

Title: D () Delete
Name: BERG, KENNETH
Address: 4486 N UNIVERSITY DR
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: RODAS, LEAH
Address: 4486 N UNIVERSITY DR
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LEAH RODAS

SECR

07/29/2004

Electronic Signature of Signing Officer or Director

Date