


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000121600 |  |
| 1. Entity Name AMERICARE REHAB, INC. | |

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| Principal Place of Business 200 KNUTH RD SUITE 150 BOYNTON BEACH FL 33436 | Mailing Address 200 KNUTH RD SUITE 150 BOYNTON BEACH FL 33436 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E034 (11/03)

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| 4. FEI Number 26-0005483 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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|--|--|
| STORCH, CRAIG L 3030 ST JAMES DRIVE BOCA RATON FL 33434 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | |
| | City FL Zip Code |

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| 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. |
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|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

| | |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD STORCH, CRAIG L 3030 ST JAMES DRIVE BOCA RATON FL 33434 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000068468 02/27/04-80042-011 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD STORCH, EILEEN 3030 ST JAMES DRIVE BOCA RATON FL 33434 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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. |
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| SIGNATURE:  | CRAIG STORCH | 2/24/04 | 501-376-6166 |
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