

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008883

FILED  
Sep 02, 2004  
Secretary of State

Entity Name: BEST MEDICAL REHAB INC.

## Current Principal Place of Business:

11890 S.W. 8TH ST.  
STE. 401  
MIAMI, FL 33184

## New Principal Place of Business:

11890 S.W. 8TH ST.  
STE. 212  
MIAMI, FL 33184

## Current Mailing Address:

11890 S.W. 8TH ST.  
STE. 401  
MIAMI, FL 33184

## New Mailing Address:

11890 S.W. 8TH ST.  
STE. 212  
MIAMI, FL 33184

FEI Number: 01-0579386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUEDA, MARIA EUGENIA  
11890 S.W. 8TH ST.  
STE. 401  
MIAMI, FL 33184 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

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: PTD ( ) Delete  
Name: RUEDA, MARIA EUGENIA  
Address: 11890 S.W. 8TH ST., STE.401  
City-St-Zip: MIAMI, FL 33184

Title: VSD ( ) Delete  
Name: PALENZUELA, PATRICIA H  
Address: 11890 S.W. 8TH ST., STE.401  
City-St-Zip: MIAMI, FL 33184

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA EUGENIA RUEDA

PTD

09/02/2004

Electronic Signature of Signing Officer or Director

Date