

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90249 019 ***150.00

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1. Entity Name

**REHAB AND WELLNESS GROUP OF SOUTH FLORIDA,
INC.**



Principal Place of Business

**12032 SW 132ND COURT
MIAMI FL 33186**

Mailing Address

**12032 SW 132ND COURT
MIAMI FL 33186**

24052632



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2999220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PADRON, ELIZABETH
14319 SW 121 PLACE
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

Padron, Elizabeth

Street Address (P.O. Box Number is Not Acceptable)

218 NW 22 Ave.

City

Cape Coral

FL

Zip Code

33993

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PADRON, ELIZABETH
STREET ADDRESS 14319 SW 121 PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE PD ☒ Change ☐ Addition
NAME Padron, Elizabeth
STREET ADDRESS 218 NW 22 Ave.
CITY-ST-ZIP Cape Coral 33993

TITLE SVD ☐ Delete
NAME SANTIAGO, ANAMARIS
STREET ADDRESS 14840 SW 104TH ST #97
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DELASPOZAS, GEORGIA
STREET ADDRESS 13441 SW 62ND ST #4
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *A. Santiago* **Anamaris Santiago**

4/20/04

305-299-4251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #