## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P02000044010**

MEDICAL REHABILITATION CLINIC, INC.



Principal Place of Business

2650 SOUTH MILITARY TRAIL

WEST PALM BEACH, FL 33415

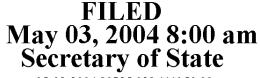
Mailing Address

**4814 PAULIE COURT** 

59 B

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33415



05-03-2004 90725 039 \*\*\*150.00



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number Applied For 01-0677779 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

					Fee Required
6. Name and Address of Current Registered Agent					
SUAREZ, GIANNI 4814 PAULIE COURT WEST PALM BEACH, FL 33415			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ed office or registered	agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE   Signature, typed or printed name or registered agent and title if applicable. (NCTE: Registered Agent signature required when relibstance)   DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		O May Be to Fees	
10.	OFFICERS AND DIREC	CTORS	800000000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , ,	
NAME STREET ADDRESS CHY-ST-ZIP	P SUAREZ, GIANNI 4814 PAULIE COURT #59 B WEST PALM BEACH, FL 33415				
TITLE NAME STREET AUDRESS CITY-S1-ZIP					
THEE NAME STREET ADDRESS CITY- ST-ZIP				DO NO	OT WRITE
TITLE NAME STREET AUDRESS CRY-S1-ZIP				NTH	IS SPACE
NAME NAME STREET ADDRESS CITY- ST-ZIP					
TITLE NAME STREET AUDIESS CITY-ST-ZIP					
indicated	l on this report or sup <u>plem</u> ental report is true a	and accurate and that my signat	ure shall have the sar	me legal effect as if i	da Statutes. I further certify that the information nade under oath; that I am an officer or director that my name appears in Block 10 or Block 11 if

changed, or on an attac

SIGNATURE: 2