

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P02000044010**

1. Entity Name  
**MEDICAL REHABILITATION CLINIC, INC.**



Principal Place of Business  
**2650 SOUTH MILITARY TRAIL  
#12  
WEST PALM BEACH, FL 33415**

Mailing Address  
**4814 PAULIE COURT  
59 B  
WEST PALM BEACH, FL 33415**



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0677779**

Applied For  
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**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>SUAREZ, GIANNI</b>
STREET ADDRESS	<b>4814 PAULIE COURT #59 B</b>
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 33415</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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CITY- ST- ZIP	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Gianni Suarez, Pres. 4/8/04 305  
828-3537*