


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90009 048 ***150.00

| | |
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| DOCUMENT # P02000044431 |  |
| 1. Entity Name CAREMED REHABILITATION, INC. | |

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| Principal Place of Business 1135 103 STREET #G-1 BAY HARBOR ISLAND, FL 33154 | Mailing Address PO BOX 546492 SURFSIDE, FL 33154 |
|--|--|

44007105



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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 |

01282004 Chg-P CR2E034 (10/03)

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|-----------------------------|---|
| 4. FEI Number 30-0069009 | Applied For <input checked="" 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 SLAUSER, STUART H 12910 SW 84 STREET MIAMI, FL 33183 | |
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| 7. Name and Address of New Registered Agent | |
| Name Glauser, Stuart H. | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| City FL | Zip Code |

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLUCK, ROSS 2534 MONTCLAIRE CT WESTON, FL 33327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2759 Center Court Drive |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gluck, BeverLee 1135 103 St., #G-1 BAY Harbor Island, FL 33154 |
| 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 |
| 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 |
| 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 |
| 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 |

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: BeverLee Gluck 1/26/04 305-861-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if