# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 23, 2004**
**Secretary of State**

DOCUMENT# P02000049235

**Entity Name:** THERAPY MEDICAL REHABILITATION CORP.

**Current Principal Place of Business:**

3750 W 16 AVE STE 230
HIALEAH, FL 33012

**New Principal Place of Business:**

3750 W 16 AVE
STE 228U
HIALEAH, FL 33012

**Current Mailing Address:**

3750 W 16 AVE STE 230
HIALEAH, FL 33012

**New Mailing Address:**

3750 W 16 AVE STE
STE 228U
HIALEAH, FL 33012

**FEI Number: 27-0013589** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OTERO, RAMON ELOY
160 W 31 ST
HIALEAH, FL 33012

**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: D ( ) Delete
Name: OTERO, RAMON ELOY
Address: 160 W 31 ST
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RAMON ELOY OTERO PRES 06/23/2004

Electronic Signature of Signing Officer or Director Date