

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060491

FILED
May 05, 2004
Secretary of State

Entity Name: FAMILY MEDICAL & REHAB CENTERS, INC.

Current Principal Place of Business:

3660 CENTRAL AVE.
SUITE #1
FORT MYERS, FL 33901

New Principal Place of Business:

12177 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

Current Mailing Address:

5409 N. STATE RD. 7
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 48-1260866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, WINSTON
5409 N. STATE RD. #7
FORT LAUDERDALE, FL 33319 US

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: HERNANDEZ, WINSTON
Address: 3660 CENTRAL AVE 31
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERNANDEZ, WINSTON
Address: 12177 PEMBROKE RD.
City-St-Zip: PEMBROKE PINES, FL 33025

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: WINSTON HERNANDEZ

D

05/05/2004

Electronic Signature of Signing Officer or Director

_____ Date