2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# P02000080701

Entity Name: X-TREME REHAB INC.

Current Principal Place of Business:

11890 SW 8TH ST.
STE. 400
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

11890 SW 8TH ST.
STE. 400
MIAMI, FL 33184

New Mailing Address:

FEI Number: 22-3872167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIAS-PEREZ, MARIA
11890 SW 8TH STREET, SUITE 400
MIAMI, FL 33184 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ARIAS-PEREZ, MARIA
Address: 11890 SW 8TH STREET, SUITE 400
City-St-Zip: MIAMI, FL 33184

Title: V ( ) Delete
Name: PEREZ, ANGEL
Address: 11890 SW 8TH STREET, SUITE 400
City-St-Zip: MIAMI, FL 33184

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MARTINEZ, OSCAR A
Address: 15243 SW 29TH TERRACE
City-St-Zip: MIAMI, FL 33185

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: MARIA ARIAS-PEREZ P 02/18/2004

Electronic Signature of Signing Officer or Director — Date