2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004
Secretary of State

DOCUMENT# P02000097088

Entity Name: LIFE QUALITY REHABILITATIVE SERVICES, INC.

Current Principal Place of Business:

9910 SW 14TH ST, STE 4A
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9910 SW 14TH ST, STE 4A
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 14-1845753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIWEK, DIANE
5299 PARK PLACE CIRCLE
BOCA RATON, FL 33486 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: P ( ) Delete
Name: SIWEK, DIANE
Address: 9910 SW 14TH ST, STE 4A
City-St-Zip: BOCA RATON, FL 33428

Title: V ( ) Delete
Name: LIPTON, JUDITH W
Address: 9910 SW 14TH ST, STE 4A
City-St-Zip: BOCA RATON, FL 33428

Title: T ( ) Delete
Name: EVANS, MICHAEL
Address: 9910 SW 14TH ST, STE 4A
City-St-Zip: BOCA RATON, FL 33428

Title: S ( ) Delete
Name: PASCUZZO, ANTONIO
Address: 9910 SW 14TH ST, STE 4A
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL EVANS T 02/24/2004

Electronic Signature of Signing Officer or Director — Date