

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104504

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: RESCARE SERVICES & MEDICAL SALES, INC.

## Current Principal Place of Business:

11117 WEST OKEECHOBEE ROAD STE 120  
HIALEAH GARDENS, FL 33018

## New Principal Place of Business:

8020 WEST 23RD AVENUE  
BAY 2  
HIALEAH, FL 33016

## Current Mailing Address:

11117 WEST OKEECHOBEE ROAD STE 120  
HIALEAH GARDENS, FL 33018

## New Mailing Address:

8020 WEST 23RD AVENUE  
BAY 2  
HIALEAH, FL 33016

FEI Number: 14-1849331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAJON, ROLANDO  
6922 NW 179TH STREET APT 205  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

PAJON, ROLANDO  
6922 NW 179TH STREET  
APT. # 205  
MIAMI, FL 33015 US

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:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PAJON, ROLANDO  
Address: 6922 NW 179TH STREET APT 205  
City-St-Zip: MIAMI, FL 33015

Title: DV ( ) Delete  
Name: ABAD, HAYDEE  
Address: 6922 NW 179TH STREET APT 205  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROLANDO PAJON

DP

04/19/2004

Electronic Signature of Signing Officer or Director

Date