2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# P02000108457

Entity Name: L.A. MEDICAL REHABILITATION CENTER, INC.

Current Principal Place of Business:

10300 SUNSET DRIVE
SUITE 435
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10300 SUNSET DRIVE
SUITE 435
MIAMI, FL 33173

New Mailing Address:

FEI Number: 30-4509206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AIDA CARDENAS
10300 SW 72 ST. #435
MIAMI, FL 331733021 US

Name and Address of New Registered Agent:

NELSON RAPALO
10300 SW 72 ST.
435
MIAMI, FL 331733021 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: NELSON RAPALO 02/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete
Name: ZAMORA, DAYLI
Address: 10300 SW 72 ST. #435
City-St-Zip: MIAMI, FL 331733021

Title: PTD ( ) Delete
Name: RAPALO, NELSON
Address: 1490 W. 49 PL., STE. 490
City-St-Zip: HIALEAH, FL 33012

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: ZAMORA, DAYLI
Address: 10300 SW 72 ST. #435
City-St-Zip: MIAMI, FL 331733021

Title: PTD (X) Change ( ) Addition
Name: RAPALO, NELSON
Address: 10300 SW 72 ST. # 435
City-St-Zip: MIAMI, FL 331733021 US

Title: S ( ) Change (X) Addition
Name: SANTANA, IRAIDA S MD
Address: 10300 SW 72 ST. # 435
City-St-Zip: MIAMI, FL 331733021 US

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: NELSON RAPALO O 02/06/2004
Electronic Signature of Signing Officer or Director Date