

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90002 031 ***158.75

DOCUMENT # P02000119711

1. Entity Name
FLORIDA REHAB CARE, P.A.



Principal Place of Business
**100 WEST BAY STREET
DAVENPORT, FL 33837**

Mailing Address
**100 WEST BAY STREET
DAVENPORT, FL 33837**

54058503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

71-0913263

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELITO, GILDA
1425 BLUFF LOOP
DUNDEE, FL 33838**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gilda Angelito **GILDA ANGELITO**

5-24-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ANGELITO, GILDA
STREET ADDRESS 1425 BLUFF LOOP
CITY-ST-ZIP DUNDEE, FL 33838

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DE GARCIA, MARIA A
STREET ADDRESS 1320 YORK AVE., APT 27-P
CITY-ST-ZIP NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTM ☐ Delete
NAME ANGELITO, DWIGHT
STREET ADDRESS 1425 BLUFF LOOP
CITY-ST-ZIP DUNDEE, FL 33838

TITLE ☒ Change ☐ Addition
NAME VSM
STREET ADDRESS ANGELITO, DWIGHT
CITY-ST-ZIP 1425 BLUFF LOOP
DUNDEE, FL 33838

TITLE C ☒ Delete
NAME ANGELITO, TEOPISTO
STREET ADDRESS 1425 BLUFF LOOP
CITY-ST-ZIP DUNDEE, FL 33838

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALBA, LEAH
STREET ADDRESS 5542 HOLLY ST., APT. 207
CITY-ST-ZIP HOUSTON, TX 77081

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS ALBA, LEAH
CITY-ST-ZIP 5542 HOLLY ST. APT. 207
HOUSTON, TX 77081

TITLE SD ☐ Delete
NAME ANGELITO, ANGELICA
STREET ADDRESS 1425 BLUFF LOOP
CITY-ST-ZIP DUNDEE, FL 33838

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS ANGELITO, ANGELICA
CITY-ST-ZIP 1425 BLUFF LOOP
DUNDEE, FL 33838

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dwight Angelito **DWIGHT ANGELITO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/2004
Date

863-422-9060
Daytime Phone #