

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90724 047 ***150.00

DOCUMENT # P02000132131	
1. Entity Name ARMY REHAB CENTER, CORP.	

Principal Place of Business 11800 W. 49 STREET #119 HIALEAH, FL 33016	Mailing Address 11800 W. 49 STREET #119 HIALEAH, FL 33016
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2. Principal Place of Business 1800 W. 49 ST	3. Mailing Address 1800 W. 49 ST
Suite, Apt. #, etc. #119	Suite, Apt. #, etc. #119

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33012	Zip 33012
Country USA	Country USA

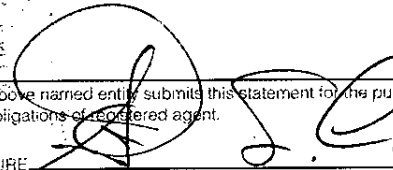


04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CRUZ, SERGE 11800 W. 49 STREET #119 HIALEAH, FL 33016	
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4. FEI Number 54-2087911	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name SERGE CRUZ Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49 ST #119 City Hialeah FL Zip Code 33012	

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.

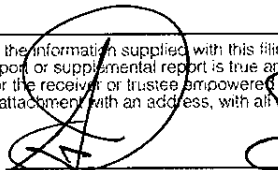
SIGNATURE  **S. Cruz V. Pres.** DATE **4/13/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRANOFF, HOWARD G 1800 WEST 49TH ST., #119 HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRUZ, SERGE 1800 WEST 49TH ST., #119 HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **S. Cruz V. Pres.** DATE **4/13/04** 305-231-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR