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

05-03-2004 90724 047 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132131

1. Entity Name
ARMI 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

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1800 W. 49 St	1800 W. 49 St
Suite, Apt. #, etc.: #119	Suite, Apt. #, etc.: #119
City & State: Hialeah, Fl.	City & State: Hialeah, Fl.
Zip: 33012 Country:	Zip: 33012 Country: USA

4. FEI Number: 54-2087911 ☐ Applied For ☐ Not Applicable

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
CRUZ, SERGE 11800 W. 49 STREET #119 HIALEAH, FL 33016	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 reinstating)

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

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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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. 4/13/04 305-231-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #