

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134156

FILED
Sep 10, 2004
Secretary of State

Entity Name: EASY REHABILITATION AND HEALTHCARE CENTER, INC.

Current Principal Place of Business:

2015 ERVING CIRCLE
BUILDING 5, SUITE 203
OCOOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2015 ERVING CIRCLE
BUILDING 5, SUITE 203
OCOOE, FL 34761

New Mailing Address:

FEI Number: 06-1668354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACQUES, JEANMARIE R
2015 ERVING CIRCLE
BUILDING 5, SUITE 203
OCOOE, FL 34761

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: JACQUES, JEANMARIE R CEO
Address: 2015 ERVING CIRCLE
City-St-Zip: OCOOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JEANMARIE R. JACQUES

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09/10/2004

Electronic Signature of Signing Officer or Director

Date