2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000026521

Entity Name: MED-REHAB, CORP.

Current Principal Place of Business:

5544 SW 8TH STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

16535 SW 97TH STREET
MIAMI, FL 33196

New Mailing Address:

1041 SW 143 PLACE
MIAMI, FL 33184

FEI Number: 32-0061354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTUONDO, LINA
16535 SW 9TH STREET
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

PORTUONDO, LINA
1041 SW 143 PLACE
MIAMI, FL 33184 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: _____ 04/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MENESES, TEDDY J
Address: 5544 SW 8TH STREET
City-St-Zip: CORAL GABLES, FL 33134

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: TEDDY J MENESES P 04/27/2004
Electronic Signature of Signing Officer or Director — Date