2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNOAL REPORT						Secretary of State				
DOCUMENT # P03000039511 1. Entity Name D & Y REHABILITATION CARE, INC.					05-03-2004 90414 039 ***150.00					
Principal Place of Business Mailing Address					1				-	
9292 SW 167 COURT		Mailing Address 9292 SW 67 COURT					34000	1 1	J	
9292 SW 167 COURT MIAMI, FL 33196		9292 SW 167 COURT MIAMI, FL 33196								
					1.000(00)) 		
2 Principal D	lane of Divisions	9 Mailing Address								
2. Principal Place of Business		3. Mailing Address				 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004	Chg-P	CR2E034 (10	1/021		
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City & State		City & State		4. FELNumb	-06928	174		plied For		
Zip Country		Zip Counti			\$9.75 Additional					
·			·		5. Certificate	of Status Desired		equired		
* *	~ 6.*Name and Address of Current I	Registered Agent			7.₅Name and	l Address of New F	registered Agent		~<=	
Name)/						Yerm	nava A			
OLIVARES, YERMAYN A 9718 HAMMOCKS BLVD #101				Street Address						
MIAMI, FL 33196				9295	LSW,	167 60	ואטרו			
	·									
				City N.	Miani FL 339996					
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 obligat	ions of registered agent.	A *							Ì	
SIGNATURE VILLUA BELLE VILLE										
Signature ryped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	175	ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	S IN 11	
TITLE	P CULVARIES VERMANALA	☐ Delete	TITLE	15.	•	\ /		hange	☐ Addition	
NAME STREET ADDRESS			name Street al		vares,	Yermy	n A		į	
CITY+ST-ZIP	MIAMI, FL 33196		CITY-ST-	للي 14 سالة	125W	167 500	Tr.			
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NAME			NAME						ļ	
STREET ADDRESS CITY-ST-ZIP		•	STREET A	I						
	entify that the information supplied with	this filling does not qualify for			ection 119 07/31	(i) Florida Statutas	I further continues	t the i-	formation	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty	true and accurate and that m	y signature	shall have the	same legal effe	ct as if made under	oath; that I am an	officer	or director	

12. I nereby certify that the information supplied with this filling does not quality 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 or cath; 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:

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