

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90392 007 \*\*\*150.00

<b>DOCUMENT # P03000047423</b> 1. Entity Name <b>ARMONIA MEDICAL &amp; REHABILITATION CENTER, INC.</b>					
Principal Place of Business <b>4915 E 1 COURT HIALEAH, FL 33013</b>			Mailing Address <b>8416 NW 201 ST. MIAMI, FL 33015</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number <div style="font-size: 1.2em; font-family: monospace;">11-3693566</div> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALONSO, JOSE LUIS</b> <b>4915 E 1ST COURT</b> <b>HIALEAH, FL 33013</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>ALONSO, JOSE LUIS</b> <b>4915 EAST 1ST COURT</b> <b>HIALEAH, FL 33013</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND EXACTLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;">         Date _____ Daytime Phone # _____       </div>					

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