

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-04-2004 90065 015 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000055711

1. Entity Name
JON REHABILITATION CENTER, INC.



Principal Place of Business
10550 N.W. 77TH CT. SUITE 223
HIALEAH GARDENS FL 33016

Mailing Address
10550 N.W. 77TH CT. SUITE 223
HIALEAH GARDENS FL 33016

2. Principal Place of Business
10550 NW 77th Court
Suite, Apt. #, etc.
Suite 223
City & State
Hialeah Gardens
Zip
33016 Country
Florida

3. Mailing Address
10550 NW 77th Court
Suite, Apt. #, etc.
Suite 223
City & State
Hialeah Gardens
Zip
33016 Country
Florida

4. FEI Number **56-2362429** ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
BARROSO, JON P.
10550 N.W. 77TH CT. SUITE 223
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PTSD BARROSO, JON P 10550 N.W. 77TH CT. SUITE 223 HIALEAH GARDENS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **1/26/04** **(305) 364-0936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #