

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)

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| 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 | | 3. Mailing Address 10550 NW 77th Court Suite, Apt. #, etc. Suite 223 | |
| City & State Hialeah Gardens | | City & State Hialeah Gardens | |
| Zip 33016 | Country Florida | Zip 33016 | Country Florida |
| 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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. <input type="checkbox"/> \$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: <u><i>Jon Barroso</i></u> | | Date: <u>1/26/04</u> | Office Phone #: <u>(305) 364-0236</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |