2004 FOR PROFIT CORPORATION

ANNUAL REPORT

8/27

Sep 14, 2004 8:00 am Secretary of State 08-27-2004 90004 023 ***150.00

DOCUMENT # P03000084719 1. Entity Name
WORLDWIDE HEALTH & REHABILITATION CENTER, INC.

| Principal Place of Business Mailing Address | | | | | | | | | | | |
|---|--|-------------------------------|---------------------|--|-----------------------|---|---------------|---------|---------------|---------------------------|---------------|
| 17432 SW 140 COURT | | 17432 SW 140 COURT | | | | c c | 4336 | 37 | | | |
| MIAMI, FL 33177 | | MIAMI, FL 33177 | | | ļ | 4424441 | | | | | |
| אינט אונוע אונע אונ | | | | | | | | | A LLICE HAR T | | |
| 2. Principal Place of Bysiness 7878 NW 52 ⁻¹ ST. | | 3. Mailing Address 78.78. NW | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 2003 | Chg-P | | CR2E0 | 34 (10/03) | |
| City & State | | City & State | | , | 4. FE) | Numbe | | | | | pplied For |
| MICHI | Country | untry Zip | | Apr. | | | 7-148 | | | | ot Applicable |
| 33166 | DADE | 33166 | Count | ADE | | | of Status Des | | | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current I | Registered Agent | \longrightarrow | Name | 7. Nan | ne and | Address of i | New Re | gistered A | igent | |
| ALONZO, I | | | 1 | | | | | | | | |
| 17432 SW | 140 COURT | | 1 | | | (P.O. Box Number is Not Acceptable) | | | | | |
| ,MIAMI,,Γ⊾. I | , 33177 , | | - | | | | | | | | - |
| · | | 7 | | City | , | , | | | FL | Zip Cod | |
| 8. The above named entity economicathic statement to 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. | | | | | | | | | | | , and accept |
| SIGNATURE | | | | | | | | | | | |
| SIGNATURE | Septeture, typed or printed hame of registered agent a | and side if applicable. (NOTE | E: Plagisterer | d Agent agnature | required when reinsta | tating) | | | DATE | | |
| | LE NOWII FEE IS \$150.00 ue by September 8, 2004 | ign Finan ribution. | | \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | F.S., the notice. | |
| 10. | OFFICERS AND I | | 11. | | ADDIT | TIONS | CHANGES TO | O OFFIC | ERŞ AND | DIRECTOR | S IN 11 |
| TITLE NAME | D : ALONZO, LUIS | ☐ Delete | TITLE | | | | | | | ☐ Change | Addition |
| STREET ADDRESS | 17432 SW 140 COURT | | | | | | | | | | |
| CTY-ST-ZIP | MIAMI, FL 33177 | | | EET ADORESS /•ST-21P | | | | | | | |
| MILE | D. | Delate | TITLE | - | | | | | | ☐ Change | Addition |
| NAME Street address | ZAPATA, ANDRES F 17432 SW 140 COURT | | NAME | EET ADORESS | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33177 | | | EET ADORESS (-ST-ZIP | | | | | | | |
| TITLE | Ų | ☐ Delete | TITLE | | | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | 1 | | NAME | - | | | | | | _ | |
| STREET ADORESS CITY-ST-ZIP | | • | | EET ADORESS (-ST-ZIP | | | | | | | ļ |
| TITLE | af 4 | ☐ Oeleta | TITLE | | | | | | | Change | Addition |
| NAME_ STREET ADDRESS | | عيد عيد المستداد الدياسة | | ÆEET ADDRESS | | | | | | . | |
| CITY-ST-ZIP | 4 4 | | | r-St-Zip | | | | | | | |
| TITLE | | ☐ Defets | TITLE | | | *************************************** | | | | ☐ Change | ☐ Addition |
| HAME | ή _ | | NAME | | | | | | | _ | |
| STREET ADDRESS CITY-ST-ZIP | d d | | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | Tr. | ☐ Delete | TITLE | | • | | | | | Change | Addition |
| NAME | 1 9 5 | | NAME | | | | | | | | |
| STREET ADDRESS | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | EET ADORESS | | | | | | | |
| CITY-ST-ZIP | | 41 fn- 4 and math. fn | | r-ST-ZIP | | | | | | | |
| 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 of the receiver or trustee empowered to executa-this report as required by Chapter 807, 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: 27-00/ 1/65-331-7444 | | | | | | | | | | | |