

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091829

FILED
Apr 08, 2004
Secretary of State

Entity Name: MERCY OUTPATIENT REHABILITATION CLINIC INC.

Current Principal Place of Business:

5421 TAYLOR ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

633 NE 167 STREET
420
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

5421 TAYLOR ST
HOLLYWOOD, FL 33021

New Mailing Address:

633 NE 167 STREET
420
NORTH MIAMI BEACH, FL 33162

FEI Number: 56-2387876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDOUARD-JEAN, MANIELA
5421 TAYLOR ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

EDOUARD-JEAN, MANIELA
633 NE 167 STREET
420
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE:

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN, RONET
Address: 5424 TAYLOR ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: BAYOH, SORIE
Address: 5424 TAYLOR ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: T (X) Delete
Name: EDOUARD-JEAN, MANIELA
Address: 5424 TAYLOR ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: V (X) Delete
Name: SEALY-BAYOH, JOANNE
Address: 5424 TAYLOR ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: JEAN, RONET
Address: 633 NE 167 STREET SUITE 420
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S/V (X) Change () Addition
Name: EDOUARD-JEAN, MANIELA
Address: 633 NE 167 STREET SUITE 420
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONET JEAN

P/T

04/08/2004

Electronic Signature of Signing Officer or Director

Date