


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091829					
1. Entity Name MERCY OUTPATIENT REHABILITATION CLINIC INC.					
Principal Place of Business 633 NE 167 STREET 420 NORTH MIAMI BEACH, FL 33162		Mailing Address 633 NE 167 STREET 420 NORTH MIAMI BEACH, FL 33162			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2387876	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDOUARD-JEAN, MANIELA 633 NE 167 STREET 420 NORTH MIAMI BEACH, FL 33162			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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN, RONET		NAME		
STREET ADDRESS	633 NE 167 STREET SUITE 420		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	S/V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDOUARD-JEAN, MANIELA		NAME		
STREET ADDRESS	633 NE 167 STREET SUITE 420		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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 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: <i>Manuela Jean</i>		MANIELA EDOUARD-JEAN		Date: <i>4/25/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



04202005 Chg-P CR2E034 (10/03)

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