

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	04202005 Chg-P CR2E034 (10/03)	
4. FEI Number 56-2387876				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDOUARD-JEAN, MANIELA 633 NE 167 STREET 420 NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	P/T JEAN, RONET 633 NE 167 STREET SUITE 420 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/V EDOUARD-JEAN, MANIELA 633 NE 167 STREET SUITE 420 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	UN00000328186 04/25/05-80067-011 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>Manuela Jean</u> <u>MANIELA EDOUARD JEAN</u> <u>4/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					