




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-29-2004 90391 032 ***150.00

DOCUMENT # P03000095955					
1. Entity Name ADVANCE MEDICAL ASSOCIATES AND FORME REHAB, INC.					
Principal Place of Business 7000 W. OAKLAND PARK BLVD. 202 SUNRISE, FL 33313			Mailing Address 7000 W. OAKLAND PARK BLVD. 202 SUNRISE, FL 33313		
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 54-2125753	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERRANTE, JOSEPH G III 7000 W. OAKLAND PARK BLVD. 202 SUNRISE, FL, FL 33313				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:  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRANTE, JOSEPH G III		NAME		
STREET ADDRESS	7000 W. OAKLAND PARK BLVD SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		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		
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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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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		
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: 			03-24-04 (954) 572-1099		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66410653



03202004 Chg-P CR2E034 (10/03)