

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105433

FILED
Apr 27, 2004
Secretary of State

Entity Name: P & G MEDICAL REHAB CENTER INC.

Current Principal Place of Business:

2901 W. BUSH BLVD.
SUITE 801
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2901 W. BUSH BLVD.
SUITE 801
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-0303684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUJOLS, JOSE
8401 BARRET PLACE
TAMPA, FL 33617

Name and Address of New Registered Agent:

PUJOLS, JOSE
2901W BUSCH BLVD
801
TAMPA, FL 33618

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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUJOLS, JOSE
Address: 8401 BARRET PLACE
City-St-Zip: TAMPA, FL 33617

Title: ST () Delete
Name: GENAO, MARIO
Address: 8401 BARRET PLACE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: MIRANDA, LUIS
Address: 2901 W. BUSCH BLVD. SUITE 801
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PUJOLS, JOSE
Address: 2901W BUSCH BLVD SUITE 801
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Change () Addition
Name: GENAO, MARIO
Address: 2901W BUSCH BLVD SUITE 801
City-St-Zip: TAMPA, FL 33618

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

Title: P () Change (X) Addition
Name: NUNEZ, BELKIS A
Address: 2901W BUSCH BLVD SUITE 801
City-St-Zip: TAMPA, FL 33618

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: BELKIS NUNEZ

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date