

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108437

1. Entity Name  
AMEDICARE REHAB CENTER, INC.



FILED

04 JUN 22 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11117 W OKEECHOBEE RD.  
SUITE 104  
HIALEAH GARDENS, FL 33018

Mailing Address  
11117 W OKEECHOBEE RD.  
SUITE 104  
HIALEAH GARDENS, FL 33018



2. Principal Place of Business

11117 W Okeechobee Rd  
Suite, Apt. #, etc.  
# 209

3. Mailing Address

11117 W Okeechobee Rd.  
Suite, Apt. #, etc.  
# 209

06212004 Chg-P CR2E034 (10/03)

City & State  
Hialeah Gardens, FL  
Zip  
33018  
Country  
USA

City & State  
Hialeah Gardens, FL  
Zip  
33018  
Country  
USA

4. FEI Number  
56-2428779  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HADFEG, LILIANA  
5891 W. 9TH LANE  
HIALEAH, FL 33012

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
STREET ADDRESS HADFEG, LILIANA  
CITY-ST-ZIP 5891 W. 9TH LANE  
HIALEAH, FL 33012 ☐ Delete

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME 500038427006 ☐ Change ☐ Addition  
STREET ADDRESS 06/29/04--01062--015 \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

*Liliana M. Hadfeg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #