2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90424 014 ***158.75

DOCUMENT # P03000112320

1. Entity Name
Angel Care Rehab Inc.

Principal Place of Business	Mailing Address
13355 BELCHER ROAD SOUTH STE S LARGO, FL 33773	PO BOX 3594 CLEARWATER, FL 33767

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
13355 Belcher Rd.		PO BOX 3594	
Suite, Apt. #, etc.: STE S		Suite, Apt. #, etc.:	
City & State: Largo, Fl		City & State: Clearwater, Fl	
Zip: 33773	Country: Pinellas	Zip: 33767	Country: Pinellas

4. FEI Number: 52-2404729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: ~~Enas AL-Titi~~ (ES)
Street Address (P.O. Box Number is Not Acceptable): ~~851 Bayway~~ (ES) Error
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESCOTO, ANA MERCEDES	NAME	
STREET ADDRESS	13355 BELCHER ROAD SOUTH STE S	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AL-TITI, ENAS	NAME	
STREET ADDRESS	13355 BELCHER ROAD SOUTH STE S	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Enas Al-Titi / Enas AL-Titi - PTD 4/28/04 (727)647-5452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #