


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90050 007 \*\*\*150.00

<b>DOCUMENT # P03000119075</b>	
1. Entity Name <b>EVERGREEN MEDICAL &amp; REHAB CENTER, INC.</b>	

Principal Place of Business <b>P.O. BOX 153277 TAMPA, FL 33684</b>	Mailing Address <b>P.O. BOX 153277 TAMPA, FL 33684</b>
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2. Principal Place of Business <b>P.O. Box 152377</b>	3. Mailing Address <b>P.O. Box 152377</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33614</b>	Zip <b>33614</b>
Country	Country



03122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0336362</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>COHEN, ROBERT F 2918 BUSH LAKE BLVD TAMPA, FL 33614</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, JUAN 6904 N HALE AVE TAMPA, FL 33614</b> <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	<b>D KELLY A. ALVAREZ 7007 COBBLEWOOD CT. TAMPA FL 33615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MELBA REYES 3205 N. CORTEZ AVE TAMPA FL 33614</b> <input type="checkbox"/> Change <input checked="" 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
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

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:  **3/12/04 (813) 932-2101**  
Signature and typed or printed name of signed officer or director Date Daytime Phone #