2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000119075

1. Entity Name
EVERGREEN MEDICAL & REHAB CENTER, INC.

Principal Place of Business	Mailing Address
PO BOX 152377	PO BOX 152377
TAMPA, FL 33684	TAMPA, FL 33684

DO NOT WRITE IN THIS SPACE

02072005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
20-0336362		Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT F
2918 BUSH LAKE BLVD
TAMPA, FL 33614

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ, JUAN
STREET ADDRESS	6904 N HALE AVE
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	D
NAME	ALZAREZ, KELLY A
STREET ADDRESS	7007 COBBLEWOOD CT
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	D
NAME	REYES, MELBA
STREET ADDRESS	7205 N CORTEZ AVE
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/05-80014-021 150.00

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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: _____   3-4-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #