

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131636

FILED
Apr 28, 2004
Secretary of State

Entity Name: ROPHE REHAB CARE, INC.

Current Principal Place of Business:

16111 SW 109 AVENUE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16111 SW 109 AVENUE
MIAMI, FL 33157

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, BARBARA
16111 SW 109 AVENUE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWE, ALTHEA
Address: 16111 SW 109 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: S/T (X) Delete
Name: NELSON, BARBARA
Address: 16111 SW 109 AVENUE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALTHEA BOWE

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date