

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90011 041 ***150.00

DOCUMENT # P03000135183 1. Entity Name MILLENNIUM REHAB CENTER INC																																						
Principal Place of Business 7266 SW 8TH ST MIAMI, FL 33144		Mailing Address 7266 SW 8TH ST MIAMI, FL 33144																																				
2. Principal Place of Business 7266 SW 8th Street Suite, Apt. #, etc.		3. Mailing Address 7266 SW 8th Street Suite, Apt. #, etc.																																				
City & State, Miami, FL Zip 33144		City & State, Miami, FL Zip 33144																																				
Country USA		Country USA																																				
4. FEI Number 14-1901048		Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																				
6. Name and Address of Current Registered Agent LEAL, ANA R 11270 S.W. 43 LANE MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street/Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P LEAL, AVA R 11270 SW 43 LN MIAMI, FL 33165 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAL, AVA R 11270 SW 43 LN MIAMI, FL 33165	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 persons empowered.																																						
SIGNATURE:		Date 2/4/04 (305) 265-0005 <small>Daytime Phone #</small>																																				