

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90014 016 \*\*\*150.00

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<b>DOCUMENT # P03000140512</b> 1. Entity Name <b>REMED MEDICAL &amp; REHAB CENTER, INC.</b>					
Principal Place of Business <b>1277 NW 144 TER PEMBROKE PINES, FL 33028</b>			Mailing Address <b>1277 NW 144 TER PEMBROKE PINES, FL 33028</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country		4. FEI Number <b>753136376</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03182003 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DIAZ, RANDOLPH 1277 NW 144 TER PEMBROKE PINES, FL 33028</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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RANDOLPH 1277 NW 144 TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO, NERI 1277 NW 144 TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 reports 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.			5/24/04 9548290175		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					