2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2005
Secretary of State

DOCUMENT# P03000140512

Entity Name: REMED MEDICAL & REHAB CENTER, INC.

Current Principal Place of Business:

1277 NW 144 TER
PEMBROKE PINES, FL 33028

New Principal Place of Business:

3966 NW 167 ST
OPA-LOCKA, FL 33054

Current Mailing Address:

1277 NW 144 TER
PEMBROKE PINES, FL 33028

New Mailing Address:

3966 NW 167 ST
OPA-LOCKA, FL 33054

FEI Number: 75-3136376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, RANDOLPH
1277 NW 144 TER
PEMBROKE PINES, FL 33028 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: D ( ) Delete
Name: DIAZ, RANDOLPH
Address: 1277 NW 144 TER
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: TRUJILLO, NERI
Address: 1277 NW 144 TER
City-St-Zip: PEMBROKE PINES, FL 33028

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: RANDOLPH DIAZ PRES 03/13/2005
Electronic Signature of Signing Officer or Director Date