


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90235 024 ***158.75

DOCUMENT # P04000107526		
1. Entity Name HOLLYWOOD REHABILITATION CENTER, INC.		

Principal Place of Business 5740 HOLLYWOOD BLVD., STE. 600 HOLLYWOOD, FL 33029	Mailing Address 5740 HOLLYWOOD BLVD., STE. 600 HOLLYWOOD, FL 33029
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2. Principal Place of Business 5740 Hollywood Blvd #600	3. Mailing Address Same
Suite, Apt. #, etc. #600	Suite, Apt. #, etc.
City & State Hollywood, FL	City & State
Zip 33021	Country USA



02082005 Chg-P CR2E034 (10/03)

4. FEI Number 201387022		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SONIS, NATALIYA 11900 BISCAYNE BLVD STE 290 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL 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: N/A (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SONIS, NATALIYA 11900 BISCAYNE BLVD STE 290 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: Nataliya Sonis Date: 4/7/05 Daytime Phone: (954) 964-4966