

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114978

FILED
Jan 25, 2005
Secretary of State

Entity Name: IVETMAR MEDICAL REHAB CORP

Current Principal Place of Business:

10020 S.W. 48 STREET
MIAMI, FL 33165 US

New Principal Place of Business:

11800 SW 18 ST
418
MIAMI, FL 33175 US

Current Mailing Address:

10020 S.W. 48 STREET
MIAMI, FL 33165 US

New Mailing Address:

11800 SW 18 ST
418
MIAMI, FL 33175 US

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

Name and Address of Current Registered Agent:

MARTINEZ, IVETTE
10020 S.W. 48 STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

MARTINEZ, IVETTE
11800 SW 18 ST
418
MIAMI, FL 33175 US

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: N/A

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINEZ, IVETTE
Address: 10020 S.W. 48TH STREET
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, IVETTE
Address: 11800 SW 18 ST # 418
City-St-Zip: MIAMI, FL 33175 US

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: IVETTE MARTINEZ

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date