


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000056502 1. Entity Name CLINICAL REHAB-CENTER, INC.	
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Principal Place of Business 2020 SW 1ST ST SUITE 100 MIAMI FL 33135 US	Mailing Address 2020 SW 1ST ST SUITE 100 MIAMI FL 33153 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 65-0461926	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONTESINO, MARIELA 9110 SW 134 PL. MIAMI FL 33186
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete MONTESINO, MARIELA 9110 SW 134 PLACE MIAMI FL 33186
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000027213 02/03/04-80037-023 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mariela Montesino _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR