


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90270 039 ***150.00

DOCUMENT # P95000005712					
1. Entity Name REHAB PATHWAYS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 4920 VICEROY CT SUITE 101 CAPE CORAL FL 33904			Mailing Address P O BOX 150969 CAPE CORAL FL 33915		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0559547	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERKINS, DANIEL W 200 S.E. 12TH AVE. CAPE CORAL FL 33990			Name <u>Perkins Daniel W</u> Street Address (P.O. Box Number is Not Acceptable) <u>1828 Coral Circle</u> <u>N Ft Myers</u> City <u>FL</u> Zip Code <u>33903</u>		
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 <u>Daniel W Perkins</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-8-04</u>					
<div> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, DANIEL W		NAME	Perkins Daniel W	
STREET ADDRESS	200 S.E. 12TH AVE.		STREET ADDRESS	1828 Coral Circle	
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP	N Ft Myers FL 33903	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JACQUELINE		NAME	Perkins Jacqueline	
STREET ADDRESS	200 S.E. 12TH AVE.		STREET ADDRESS	1828 Coral Circle	
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP	N Ft Myers FL 33903	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E034 (11/03)

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: Daniel W Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 239-540-7900
Date Daytime Phone #