2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000018896

1. Entity Name
WESTLAND REHAB, INC.

Principal Place of Business	Mailing Address
425 W 51ST PLACE	425 W 51ST PLACE
HIALEAH, FL 33012 US	HIALEAH, FL 33012 US

DO NOT WRITE IN THIS SPACE

02232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0565657	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARTHA
4702 NW 113 PLACE
MIAMI, FL 33178

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when registering)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, MARTHA
STREET ADDRESS	4702 NW 113 PLACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	SUAREZ, GRISEL
STREET ADDRESS	4716 NW 113 PLACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000068104
02/27/04-80027-012 150.00

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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: X _____   2/24/04   305 558-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #