

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90004 031 \*\*\*550.00

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06182004 Chg-P CR2E034 (10/03)

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|--|---|--|--|---|--|
| <b>DOCUMENT # P95000088808</b>   |   |  |  |    |  |
| 1. Entity Name<br><b>COMMUNITY CARE &amp; REHABILITATION CENTER, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br>235 WEST HWY 50<br>CLERMONT, FL 34711 US  |   |  | Mailing Address<br>235 WEST HWY 50<br>CLERMONT, FL 34711 US  |   |  |
| 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<br><b>59-3345468</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>BADARNI, JAMAL M<br/>10501 N CRESCENT LN<br/>CLERMONT, FL 34711</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Carole Badarni</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10501 N Crescent Ln</b><br>City <b>Clermont</b> <b>FL</b> Zip Code <b>34711</b> |  |
| 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.<br>SIGNATURE <i>Carole Badarni</i> (NOTE: Registered Agent signature required when reinstating) DATE   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BADARNI, JAMAL M<br>10501 N CRESCENT LN<br>CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Director<br>Badarni, Megan<br>10501 N Crescent Ln<br>Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>BADARNI, CAROLE J<br>10501 N CRESCENT LN<br>CLERMONT, FL 34711 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/T<br>Badarni, Carole<br>10501 N Crescent Ln<br>Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>FORBES-THORNE, NATASHA<br>P.O. BOX 176<br>KILLARNEY, FL 34740 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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, 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: <i>Carole J Badarni</i>   |   | 06/04/04 352-394-2980  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #   |  |   |  |