

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000014528

1. Entity Name  
GOLDEN HEALTH REHABILITATION CENTER, INC.



Principal Place of Business

7371-7375 SW 24 ST.  
7371-7373-7375  
MIAMI, FL 33155 US

Mailing Address

7371-7375 SW 24 ST.  
7371-7373-7375  
MIAMI, FL 33155 US

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**



08092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0639981

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FAJARDO, ALICIA  
6715 TAMiami CANAL RD  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
FAJARDO, ALICIA  
6715 TAMiami CANAL RD  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FAJARDO, ALICIA  
6715 TAMiami CANAL RD  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000170134  
08/16/04-80003-002 558.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-04

Date

305-265-7878

Daytime Phone #