

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068727

FILED
Mar 17, 2004
Secretary of State

Entity Name: DADE REHABILITATION CENTER INC.

Current Principal Place of Business:

17325 NW 27TH AVENUE #111
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

17325 NW 27TH AVENUE #111
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0696583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER CPA, BONNIE
9050 PINES BLVD. SUITE 384
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIN, ROBERT
Address: 17325 NW 27TH AVE #111
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: SHAPIRO, GUY
Address: 17325 NW 27TH AVE #111
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LEWIN

PRES

03/17/2004

Electronic Signature of Signing Officer or Director

Date