
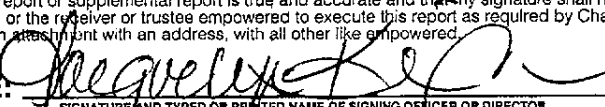


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P97000002619</b>  |  |    |
| 1. Entity Name<br><b>PEMBROKE PARK HEALTHCARE, INC.</b>   |  |   |
| Principal Place of Business<br><b>5100 W HALLANDALE BCH BLVD<br/>HOLLYWOOD, FL 33023</b>  | Mailing Address<br><b>PO BOX 800521<br/>MIAMI, FL 33280</b>          |   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</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."   |  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|   |  | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice.                           |
| 10. OFFICERS AND DIRECTORS  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D/P<br>BROWN, BRUCE<br>25 PELICAN DR.<br>FT LAUDERDALE, FL 33301     | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D/V<br>BROWN, JACQUELYN<br>25 PELICAN DR.<br>FT LAUDERDALE, FL 33301 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| 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:   |  | Date: <b>9/7/04</b> Daytime Phone #: <b>9548937755</b>  |



09022004 No Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0744032</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |  |

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09/08/04-80001-013 150.00