


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000012258
 1. Entity Name
CALIFORNIA CLUB REHAB, INC.



Principal Place of Business Mailing Address
850 IVES DAIRY ROAD **1300 N.E. 212 TERRACE**
SUITE T-69 **N. MIAMI BEACH, FL 33179**
NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0725834 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARKO, EVERETT
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 2600
MIAMI, FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | D |
| NAME | MORALES, ANGELA CLARKE |
| STREET ADDRESS | 850 IVES DAIRY ROAD, SUITE T-4 |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 |
| TITLE | VP |
| NAME | CLARKE, CORINNA |
| STREET ADDRESS | 850 IVES DAIRY RD |
| CITY-ST-ZIP | MIAMI, FL 33179 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

1000000143246
 04/30/04-80083-016 150.00

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: **4-26-04** Daytime Phone #: **305 655 0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinna Clarke