2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P97000079404

Entity Name: SPECIAL CARE REHAB, INC.

Current Principal Place of Business:

600 N.W. 35TH AVENUE
MIAMI, FL 33125

New Principal Place of Business:

600 N.W. 35TH AVENUE
SUITE 100
MIAMI, FL 33125

Current Mailing Address:

600 N.W. 35TH AVENUE
MIAMI, FL 33125

New Mailing Address:

600 N.W. 35TH AVENUE
SUITE 100
MIAMI, FL 33125

FEI Number: 65-0780419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADREDA, JEANETTE L
8700 S.W. 86TH COURT
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

HERNANDEZ, HUGO W
600 NW 35TH AVENUE
SUITE 100
MIAMI, FL 33125 US

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: HUGO W. HERNANDEZ 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PADREDA, JEANETTE L
Address: 8700 S.W. 86TH COURT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HERNANDEZ, HUGO W
Address: 600 NW 35TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33125

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: HUGO W. HERNANDEZ PRES 04/20/2004
Electronic Signature of Signing Officer or Director Date