

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079404

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: SPECIAL CARE REHAB, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

600 N.W. 35TH AVENUE  
SUITE 101  
MIAMI, FL 33125

## Current Mailing Address:

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

## New Mailing Address:

600 N.W. 35TH AVENUE  
SUITE 101  
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:

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

## Name and Address of New Registered Agent:

HERNANDEZ, HUGO W  
600 NW 35TH AVENUE  
SUITE 101  
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

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HERNANDEZ, HUGO W  
Address: 600 NW 35TH AVENUE, SUITE 101  
City-St-Zip: MIAMI, FL 33125

Title: VPSD ( ) Change (X) Addition  
Name: FRANCO, PILAR C  
Address: 600 NW 35TH AVENUE, SUITE 101  
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

04/22/2004

Electronic Signature of Signing Officer or Director

Date