2004 FOR PROFIT CORPORATION of angled, or can an emphasized ANNUAL, REPORT of Establishment Control (1997)

FILED Mar 01, 2004 8:00 am Secretary of State 03-01-2004 90054 005 ***150.00

-1. Entity Nam	EHAB SPECIALISTS OF L						
Principal Place of Business Mailing Address		Mailing Address	ress			94022946	
2445 HWY 98 NORTH LAKELAND, FL 33805		2445 HWY 98 NORTH LAKELAND, FL 33805		9402233			
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004 Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 59-3476066		pplied For ot Applicable	
Zip	Country Zip		Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required		ditional
6. Name and Address of Current Registered Agent					7. Name and Address of Ne	· · · · · · · · · · · · · · · · · · ·	
DORIO, SA	AA4			Name .			,
12445 HIGHWAY 98 NORTH LAKELAND, FL 33805				Street Address (P.O. Box Number is Not Acceptable)			
1 N. C. A. A. C. A. S. C. A. C			. 11 2. 316				:
grap up to j seeds of many official seeds. The control of the con				City :		FL Zip Co	de (***),4
8. The above the obligat	named entity submits this statement fions of registered agent.	or the purpose of changing i	ts registere	ed office or register	ed agent, or both, in the State o	of Florida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agen	nt and title if applicable. (NC	OTE: Registered	d Agent signature required	when reinstating)	DATE	
· ·	المراجع المستورية المستوري	A. Flankin Ocean					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be ed to Fees		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO		
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rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director period to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the all other like empowered.