

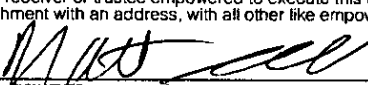


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90337 014 \*\*\*150.00

<b>DOCUMENT # P97000102244</b> <b>1. Entity Name</b> FEDERAL HIGHWAY NECK AND BACK REHABILITATION CENTER, INC.			
<b>Principal Place of Business</b> 4301 N. FEDERAL HIGHWAY #6 POMPANO BEACH, FL 33064 US		<b>Mailing Address</b> 2 SOUTH UNIVERSITY DR SUITE 327 PLANTATION, FL 33324 US	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Mailing Address</b> 5450 S. State Rd. 7 Suite, Apt. #, etc. #8 City & State Ft. Lauderdale Zip Country	
			
		04272004 Chg-P CR2E034 (10/03)	
		<b>4. FEI Number</b> 65-0798313	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GREENWALD, BRETT 4301 N. FEDERAL HIGHWAY #6 POMPANO BEACH, FL 33064		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P	TITLE	
NAME	GREENWALD, BRETT	NAME	
STREET ADDRESS	8495 SE MANGROVE ST	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE	VPT	TITLE	
NAME	SELINGER, CRAIG	NAME	
STREET ADDRESS	22042 BOCA PLACE, #822	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>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.</b>			
<b>SIGNATURE:</b> 		4/24/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	