2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# P98000001350

Entity Name: HALLANDALE ORTHOPAEDIC REHAB, INC.

Current Principal Place of Business:

1001 N FEDERAL HWY
UNIT 106
HALLANDALE, FL 33009

New Principal Place of Business:

851 SE 116 TERR
WILLISTON, FL 32696

Current Mailing Address:

PO BOX 800247
MIAMI, FL 332800247

New Mailing Address:

PO BOX 800247
MIAMI, FL 33280 02

FEI Number: 65-0802780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHITNEY, BROOKE
Address: 1001 N FEDERAL HWY UNIT 106
City-St-Zip: HALLANDALE, FL 33009

Title: VS ( ) Delete
Name: OBRAM, COLEEN
Address: 1001 N FEDERAL HWY UNIT 106
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: FLORES, B
Address: 851 SE 116 TERR
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change ( ) Addition
Name: OBRAM, COLEN
Address: 1001 N FEDERAL HWY
City-St-Zip: HALLANDALE, FL 33009

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: BA FLORES D 03/23/2004

Electronic Signature of Signing Officer or Director — Date