2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002906

1. Entity Name
REHAB CONCEPTS, INC.

Principal Place of Business	Mailing Address
8440 NW 57TH ST TAMARAC, FL 33351 US	8440 NW 57TH ST TAMARAC, FL 33351 US

DO NOT WRITE IN THIS SPACE

04112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0805759	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINN, MARIANNE
3218 NW 122 AVENUE
SUNRISE, FL 33323

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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.

SIGNATURE _____   DATE

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000112883 04/14/04-80040-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	QUINN, MARIANNE
STREET ADDRESS	3218 NW 122 AVENUE
CITY-ST ZIP	SUNRISE, FL 33323

TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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.

954-724-8543

SIGNATURE: _Marianne Quinn_ MARIANNE QUINN 4/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #