2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P98000005994

Entity Name: CORRECTIVE HEALTH & REHABILITATIVE SERVICES INC.

Current Principal Place of Business:

6536 W ATLANTIC BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6536 W ATLANTIC BLVD
MARGATE, FL 33063

New Mailing Address:

2031 W. OAKLAND PARK BLVD
SUITE 100
FORT LAUDERDALE, FL 33311

FEI Number: 65-0808113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABOW, DANIEL S
6536 W. ATLANTIC BLVD.
MARGATE, FL 33063 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: PD ( ) Delete
Name: LABOW, DANIEL S
Address: 6536 W. ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DANIEL LABOW PD 04/06/2004

Electronic Signature of Signing Officer or Director — Date