## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P98000016855 05-03-2004 91032 043 \*\*\*158.75 1. Entity Name WEST DADE REHABILITATION INC. Principal Place of Business Mailing Address **1400moo**o 3175 SW 8 ST 3175 SW 8 ST MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address -3.400 - CORA ( Mailing Address Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Cha-F 600 City & State City & State 4. FEI Number Applied For - (A n nan 65-0851025 Not Applicable Country \$8:75-Additional Zip Country 5. Certificate of Status Desired Fee.Flequired\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, RAMIRO Street Address (P.O. Box Number is Not Acceptable) 3175 SW 8 ST MIAMI, FL 33135 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 3400 Rnel Way sto: 600 Meani, FL 33145 sto: 600 3400 Pnel Way Change Meani FL 33145 sto: 600. PVST :: Change TITLE ☐ Delete TITLE NAME GONZALEZ; RAMIRO MAME STREET ADDRESS 3175 SW 8 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-7IP TITLE Addition TITLE ☐ Delete GONZALEZ, RAMIRO NAME NAME STREET ADDRESS 3175 SW 8 ST. 3. STREET ADDRESS CITY-ST-ZIP ---CITY-ST-ZIP MIAMI, FL 33135 ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 coparation or the reserver 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

FILED

Daytime Phone #