

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026753

FILED
Apr 28, 2004
Secretary of State

Entity Name: CONSUMMATE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

5201 HOLLYWOOD BLVD
1ST FLOOR
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5201 HOLLYWOOD BLVD
1ST FLOOR
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0827554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, KURT
18112 NW 18TH STREET
PEMBROKE PINES, FL 33029

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: D () Delete
Name: JOSEPH, KURT
Address: 18112 NW 19 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: DISGDIERTT, DANIEL
Address: 10180 NW 21ST COURT
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KURT JOSEPH

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date