## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000086525

Entity Name: BETTER HEALTH AND REHAB. CENTER INC.

FILED May 01, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2001 NW 7 ST., #102 8357 WEST FLAGLER STREET MIAMI, FL 33125

**PMB 323** MIAMI, FL 33174

**Current Mailing Address: New Mailing Address:** 

2001 NW 7 ST., #102 8357 WEST FLAGLER STREET

MIAMI, FL 33125 PMB 323 MIAMI, FL 33174

FEI Number: 65-0871465 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARBAJAL, BEATRICE CARBAJAL, BEATRICE 8775 S.W. 2 TERRACE 2001 NW 7 ST., #102 MIAMI, FL 33125 MIAMI, FL 33174

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: 05/01/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

CARBAJAL, BEATRICE CARBAJAL, BEATRICE Name: Name: 2001 NW 7 ST., #102 Address: 8775 S.W. 2 TERRACE Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33174

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 Statutés. 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: BEATRICE CARBAJAL 05/01/2004 D