

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000024504

1. Entity Name

BAYSIDE HEALTHCARE REHAB, INC.



Principal Place of Business

**1903 LUMSDEN ROAD
BRANDON, FL 33511**

Mailing Address

**1903 LUMSDEN ROAD
BRANDON, FL 33511**



04212004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3563064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOMHOFF, PHILIP JR, ESQ
5327 COMMERCIAL WAY
PARK PLACE, SUITE D-122
SPRING HILL, FL 34606**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

UN00000128369
04/26/04-80035-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONOFRIO, KEVIN
2503 CULBREATH COVE COURT
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04
Date

813-654-6568
Daytime Phone #