2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055433

Entity Names ATLANTIC LIESUTU AND DE

POMPANO BEACH, FL 33069

City-St-Zip:

FILED Jan 06, 2004 Secretary of State

Entity Name: ATLANTIC HEALTH AND REHAB, INC. **Current Principal Place of Business: New Principal Place of Business:** 1433 S POWERLINE ROAD POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** 1433 S POWERLINE ROAD POMPANO BEACH, FL 33069 FEI Number: 65-0930328 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: MERRIT, MARVIN J DR 1433 S POWERLINE ROAD POMPANO BEACH, FL 33069 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MERRIT, MARVIN J Name: Name: 1433 S POWERLINE ROAD Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: PASS, DAVID Name: 1433 S POWERLINE ROAD Address: 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: DAVID PASS V.P. 01/06/2004