2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State
08-25-2004 90003 024 ***550.00

DOCUMENT # P99000110748

1. Entity Name

INTERNATIONAL REHAB PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
17900 SW 5TH STREET SUITE 103 PEMBROKE PINES FL 33029 US	4761 126TH AVENUE SOUTHWEST RANCHES FL 33330 US

MOORE CR2E034 (4/04)

2. Principal Place of Business	3. Mailing Address
	4761 SW 126 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SOUTHWEST RANCHES
City & State	City & State FLORIDA
Zip / Country	Zip 33330 / Country US

4. FEI Number 65-0970057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, DEHLIA
4761 126TH AVENUE
SOUTHWEST RANCHES FL 33330

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4761 SW 126 AVENUE

SOUTHWEST RANCHES

City FL Zip Code 33330

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANKLIN, DEHLIA 17913 SW 5TH STREET HOLLYWOOD FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANKLIN, DEHLIA 4761 SW 126 AVE SOUTHWEST RANCHES FL. 33330 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS FRANKLIN, COLLIN 17913 SW 5TH ST. PEMBROKE PINES FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANKLIN, COLLIN 4761 SW 126 AVE SOUTHWEST RANCHES FL 33330 ☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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] 5/20/04 954 435 9905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #