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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010646 (2)
 1. Corporation Name
HEALTH REHAB PLUS, INC.



Principal Place of Business 4332 FORREST HILL BLVD WEST PALM BEACH FL 33406	Mailing Address 4332 FORREST HILL BLVD WEST PALM BEACH FL 33406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8190 Royal Palm Blvd Suite, Apt. #, etc. 22 # 200 City & State 23 Coral Springs FL Zip 24 33065		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 02/03/1997	
		4. FEI Number 65-0774692		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
 81 Name **HOWARD SHTOLMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
5644 NW 66 AVE
 83
 84 City **CORAL SPRINGS** **FL** 85 Zip Code **33067**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Howard Shtolman** **HOWARD SHTOLMAN TREASURER** **4/27/98**
Signature, typed or printed name of registered agent and title (Corporate) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D PRESIDENT <input type="checkbox"/> DELETE	NAME WARREN, BARRY	STREET ADDRESS 11280 NORTHWEST 10TH MANOR	CITY-ST-ZIP CORAL SPRINGS FL 33071
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT / SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME RICHARD ROBERTS LIMBHOUSE	1.3 STREET ADDRESS 28 WIMBLEDON LAKES DR	1.4 CITY-ST-ZIP PLANTATION FL 33324
2.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME HOWARD SHTOLMAN	2.3 STREET ADDRESS 5644 NW 66 AVE	2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Howard Shtolman** **HOWARD SHTOLMAN** **4/27/98** **954255-1515**

CR2E034 (10/97)