

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90033 045 \*\*\*150.00

0324754

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P97000010646**

1. Corporation Name  
**HEALTH REHAB PLUS, INC.**



Principal Place of Business 8190 ROYAL PALM BLVD STE 200 CORAL SPGS FL 33065 US	Mailing Address <del>3332 FORREST HILL BLVD                  WEST PALM BEACH FL 33406</del>
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/03/1997**

2. Principal Place of Business 21	2a. Mailing Address 26 <b>8190 Royal Palm Blvd</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Suite 200</b>
City & State 23	City & State 28 <b>Coral Springs FL</b>
Zip 24	Country 25
Zip 29 <b>33065</b>	Country 30 <b>FLORIDA</b>

4. FEI Number <b>65-0774692</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHTULMAN, HOWARD**  
**5644 NW 66 AVE**  
**CORAL SPGS FL 33067**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, BARRY</b>	
STREET ADDRESS	<b>11260 NORTHWEST 10TH MANOR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, R</b>	
STREET ADDRESS	<b>28 WIMBLEDON LAKES DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHTULMAN, H</b>	
STREET ADDRESS	<b>5644 NW 66 AVE</b>	
CITY-ST-ZIP	<b>CORAL SPGS FL 33067</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VPS</b>
2.3 STREET ADDRESS	<b>LIMEHOUSE, R</b>
2.4 CITY-ST-ZIP	<b>28 WIMBLEDON LAKES DR</b>
	<b>PLANTATION, FL 33324</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Howard Shtulman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 954-255-1515  
 Date Daytime Phone #

CR2E034 (11/98)