


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

FILED

**May 18 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 # P97000096525 (5)
1. Corporation Name
MEDICAL SPECIALISTS OF THE PALM BEACHES REHAB CENTER, INC.



Principal Place of Business 5503 SOUTH CONGRESS AVENUE SUITE 206 ATLANTIS FL 33462	Mailing Address 5503 SOUTH CONGRESS AVENUE SUITE 206 ATLANTIS FL 33462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/12/1997	
21 5700 LAKE WORTH RD Suite, Apt. #, etc.	25 5700 LAKE WORTH RD Suite, Apt. #, etc.	4. FEI Number 65-0793195		Applied For Not Applicable	
22 SUITE 212 City & State	27 SUITE 204 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 LAKE WORTH FL Zip	28 LAKE WORTH FL Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33463	25 USA	29 33463	30 USA	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
**SCHPEPS, MITCHELL D
PHILLIPS POINT, WEST TOWER
777 SOUTH FLAGLER DRIVE SUITE 1102
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name SMITH, FRISO R.
82 Street Address (P.O. Box Number is Not Acceptable) 5503 S CONGRESS AVE
83 SUITE 206
84 City ATLANTA
85 Zip Code FL 33462

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 *[Signature]* DATE **4/28/98**

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME COHEN, JAY MD	
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE SUITE 206	
CITY-ST-ZIP ATLANTIS FL 33462	
TITLE D	<input type="checkbox"/> DELETE
NAME KRASNER, STEPHEN MD	
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE SUITE 206	
CITY-ST-ZIP ATLANTIS FL 33462	
TITLE D	<input type="checkbox"/> DELETE
NAME TOME, ROBERT E MD	
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE SUITE 206	
CITY-ST-ZIP ATLANTIS FL 33462	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WEINER, ERIC J MD	
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE SUITE 206	
CITY-ST-ZIP ATLANTIS FL 33462	
TITLE D	<input type="checkbox"/> DELETE
NAME LYSAKER, EARL C MD	
STREET ADDRESS 5503 SOUTH CONGRESS AVENUE SUITE 206	
CITY-ST-ZIP ATLANTIS FL 33462	
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	VD
2.3 STREET ADDRESS	5503 SOUTH CONGRESS AVENUE SUITE 103
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	1490 FOREST HILL BLVD
3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	5503 SOUTH CONGRESS AVENUE SUITE 205
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	DAVIDSON, EDMUND F MD
6.4 CITY-ST-ZIP	3918 VIA POINCIANA SUITE 8 LAKE WORTH FL 33467

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 *[Signature]* DATE **4/28/98** **1719687918**

CR2E034 (10/97)