

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

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Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90080 016 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000028792**

1. Corporation Name  
**ST. PATRICK MEDICAL REHABILITATION CENTER, INC.**



Principal Place of Business 221 SW 22ND AVE STE 218 MIAMI FL 33135	Mailing Address 221 SW 22ND AVE STE 218 MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 801 Madrid St. Suite, Apt. #, etc. 22 Suite 2 City & State 23 Coral Gables, FL Zip Country 24 33134 25 U.S.A.		2a. Mailing Address 26 801 Madrid St. Suite, Apt. #, etc. 27 Suite 2 City & State 28 Coral Gables, FL Zip Country 29 33134 30 U.S.A.		3. Date Incorporated or Qualified <b>03/27/1998</b>	4. FEI Number 65-0824753 Applied For 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FIDALGO, NIDIA E**  
221 SW 22ND AVE  
STE 218  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name **Rodriguez, Luis**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **801 Madrid St. #2**  
84 City **Coral Gables** FL 85 Zip Code **33134**

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 *Luis Rodriguez* (Luis Rodriguez) 3/4/99 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FIDALGO, NIDIA E	
STREET ADDRESS	6450 COLLINS AVE, #1406	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	UGALDE, CANDIDA R	
STREET ADDRESS	5846 SW 2ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33125	
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	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rodriguez, Luis	
1.3 STREET ADDRESS	6895 Tamiami Canal Rd.	
1.4 CITY-ST-ZIP	Miami, FL. 33126	
2.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Soberanes, Claudio	
2.3 STREET ADDRESS	4650 SW 154 Avenue	
2.4 CITY-ST-ZIP	Miami, FL. 33185	
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)(l), 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: X *Luis Rodriguez* 3/4/99 305-446-8398

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

CR2E034 (11/98)