

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

PROFIT CORPORATION ANNUAL REPORT Amendment



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028792
1. Corporation Name
ST. PATRICK MEDICAL REHABILITATION CENTER, INC.

Principal Place of Business Mailing Address
801 Madrid St. 801 Madrid St.
Suite 2 Suite 2
Coral Gables, FL. 33134 Coral Gables, FL. 33134

3. Date Incorporated or Qualified 03/27/1998
3a. Date of Last Report 03/04/1999
4. FEI Number 65-0824753
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
RODRIGUEZ, LUIS
801 Madrid Street, #2
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent
81 Name SOBERANES, CLAUDIO
82 Street Address (P.O. Box Number is Not Acceptable)
83 801 Madrid Street, #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: Claudio Soberanes (Claudio Soberanes) 03/31/99
Signature typed or printed name of registered agent and title (Block 12) (NOTE: Registered Agent signature required when re-signing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	6895 Tamiami Canal Rd.	
CITY-ST-ZIP	Miami, FL. 33126	
TITLE	S/T/D	<input type="checkbox"/> DELETE
NAME	SOBERANES, CLAUDIO	
STREET ADDRESS	4650 S.W. 154 Avenue	
CITY-ST-ZIP	Miami, FL. 33185	
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

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SOBERANES, CLAUDIO	
13 STREET ADDRESS	4650 S.W. 154 Avenue	
14 CITY-ST-ZIP	Miami, FL. 33185	
21 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RODRIGUEZ, LUIS	
23 STREET ADDRESS	6895 Tamiami Canal Rd.	
24 CITY-ST-ZIP	Miami, FL. 33126	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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4/21/99

14. I do 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. 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: Claudio Soberanes 03/31/99 (305) 446-8398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #