

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S85814 (9)
1. Corporation Name
ORTHOPEDIC REHABILITATION SERVICES, INC.



Principal Place of Business: **1135 103RD STREET #G-1 BAY HARBOR ISLAND FL 33154**
Mailing Address: **1135 103RD STREET #G-1 BAY HARBOR ISLAND FL 33154**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: **10/08/1991** 3a. Date of Last Report: **02/27/1995**
4. FEI Number: **65-0291831** Applied For: Not Applicable
5. Certificate of Status Deemed: **\$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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**GLAUSER, STUART H. CPA
12910 SW 84 STR
MIAMI FL 33183**

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

11. Pursuant to the provisions of Section 607.021 and 607.022, Florida Statutes, the above named corporation voluntarily is prepared 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.020, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	GLUCK, ROSS	
STREET ADDRESS	1222 MANOR CT	
CITY-STATE-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I, the city or county, that the information stated herein is true and voluntary. I understand and accept responsibility for the exemption statute in Section 119.07(3)(g), Florida Statutes. I further certify that the information submitted hereon is a true and correct copy of the original report in free and clear 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 or employee of the corporation or the receiver or trustee or employee of the corporation, as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director or trustee or employee.

SIGNATURE: *Ross Gluck* 13/29/96 1305 868 1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)