07261999-90013-030-$61.25-$61.25

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

FILED
99 OCT -8 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for-PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

613773-90002-11

DOCUMENT # N98000001480
Corporation Name
A + Quality Rehab. Center, Inc.

7/26/99 900130308$61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business
040 N.W. 7ST SUIT 822
Miami, FL. 33126.

Mailing Address
Xiomara Lee
9100 S. DADELAND BLVD
Suit 402
Miami, FL. 33156

Principal Place of Business: Same as above
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Mailing Address: Same as above
Suite, Apt. #, etc.
City & State
Zip / Country

3. Date Incorporated or Qualified: 03-12-98
4. FEI Number: 65-0819550 (Applied For / Not Applicable)
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Arnold Freeman
5040 N.W. 7ST SUIT 822
Miami, FL. 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (PO Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Arnold Freeman — 7-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(D) Arnold Freeman 5040 N.W. 7 St Suit 822 Miami, FL. 33126 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
(D) Susan Freeman 232 Hillspoint Rd Westport CT 06880 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
(D) Frances Diaz 9300 Sunset Lake Blvd Sunrise FL. 33322 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

chg # 12 7-13-99

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: Arnold Freeman — 7-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

KE