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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

96 JUN 10 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [redacted]

1. Corporation Name

NATIONAL REHAB PROPERTIES, INC. F95000003971

Principal Place of Business	Mailing Address
647 WEST 68TH STREET HIALEAH FL 33014	647 WEST 68TH STREET HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 15925 NW 57 AVE	26 15925 NW 57 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLA	City & State 28 MIAMI FLA
Zip 24 33014 / Country 25 USA	Zip 29 33014 / Country 30 USA

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 11/18/1994
4. FEI Number: 65-0439467 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

ASTROM, RICHARD
647 WEST 68TH STREET
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name: ASTROM, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 15925 NW 57 AVE
83
84 City: MIAMI FL 85 Zip Code: 33014

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: Richard Astrom, REGISTERED AGENT — 6/5/96.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASTROM, RICHARD S
STREET ADDRESS	11415 N.W. 123RD LANE
CITY-ST-ZIP	REDDICK FL 32686
TITLE	D
NAME	ASTROM, PAMELA
STREET ADDRESS	11415 N.W. 123RD LANE
CITY-ST-ZIP	REDDICK FL 32686
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard Astrom, DIRECTOR — 6/5/96. — 305 6288911

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