


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

0133897

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90052 042 \*\*\*150.00

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 # F97000002689**

1. Corporation Name

**FLAGSHIP PROFESSIONAL REHAB ASSOCIATES, INC.**

Principal Place of Business

8000 GOVERNOR'S SQ BLVD  
STE 300  
MIAMI LAKES FL 33016  
US

Mailing Address

8000 GOVERNOR'S SQ BLVD  
STE 300  
MIAMI LAKES FL 33016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/21/1997**

4. FEI Number

**58-2319045**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCTD	<input type="checkbox"/> DELETE
NAME	SHEA III, FRANCIS L	
STREET ADDRESS	8000 GOVERNOR'S SQ BLVD STE 300	
CITY-ST-ZIP	MIAMI LAKES FL 33016	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DONOVAN, CHRISTOPHER J	
STREET ADDRESS	75 STATE STREET, STE 1700	
CITY-ST-ZIP	BOSTON MA	

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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Murphy, James E	
1.3 STREET ADDRESS	8000 Governor's Square Blvd., Ste 300	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33016	

2.1 TITLE	VP & General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Veneziano, Kenneth	
2.3 STREET ADDRESS	8000 Governor's Square Blvd, Ste 300	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33016	

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)(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, with all other like empowered.

SIGNATURE:

*James E. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)