

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

**APPROVED
AND
FILED**

96 MAR 13 PM 1:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**• PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # G80699 (3)

1. Corporation Name
DADE PHYSICAL THERAPY REHAB, INC.



600001741926
-03/13/96--01092--016
****200.00 ****200.00

Principal Place of Business Mailing Address
**7800 SW 87 AVENUE B205
MIAMI FL 33173**

3. Date Incorporated or Qualified **12/14/1983** 3a. Date of Last Report **03/22/1995**

21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. 8100 NE Parkway Drive 27. Suite 190 28. Vancouver WA 29. 98662 30. Country	4. FEI Number 59-2394368	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	------------------------------------	-------------------------------	---	--	---

**BALDWIN, WILLIAM M.
7800 SW 87 AVNEUE B205
MIAMI FL 33173**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	Prentice Hall Corporation system, Inc		
82. Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street		
83.			
84. City	Tallahassee	85. FL	Zip Code 32301-2607

11. Pursuant to the provisions of Sections 607.05(2) 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.

Prentice Hall Corporation System, Inc.

Marcia A. Havner, Asst. Sec. 3/12/96

SIGNATURE *Marcia A. Havner*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, WILLIAM	1.2 NAME	John Elorriaga
STREET ADDRESS	10605 SW 62 AVE	1.3 STREET ADDRESS	8100 NE Parkway Drive Ste 190
CITY-STATE-ZIP	MIAMI, FL 00000	1.4 CITY-STATE-ZIP	Vancouver WA 98662
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, TONI	2.2 NAME	William Norris
STREET ADDRESS	10605 SW 62 AVE	2.3 STREET ADDRESS	8100 NE Parkway Drive, Ste 190
CITY-STATE-ZIP	MIAMI, FL 00000	2.4 CITY-STATE-ZIP	Vancouver WA 98662
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Elizabeth Ettling
STREET ADDRESS		3.3 STREET ADDRESS	8100 NE Parkway Drive Ste 190
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Vancouver WA 98662
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Brian Bussanich
STREET ADDRESS		4.3 STREET ADDRESS	8100 NE Parkway Drive Ste 190
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Vancouver WA 98662
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

JE
3/13

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: *Elizabeth J. Ettling* **3/6/96** 360-260-8130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)