

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K78214 (9)
 1. Corporation Name
KINGS POINT REHABILITATION CENTER, INC.



Principal Place of Business	Mailing Address
15210 CARTER RD., STE D-1 DELRAY BEACH FL 33446 US	15210 CARTER RD., STE D-1 DELRAY BEACH FL 33446 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	25	26	04/06/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		65-0112294	
Zip		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
27		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
26		32		\$5.00 May Be Added to Fees	
29		33		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TIRUVALAM, NAGARAJA 2301 S. CONGRESS AVE. #101H BOYNTON BEACH FL 33426				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TIRUVALAM, NAGARAJA		1.2 NAME				
STREET ADDRESS	15210 CARTER RD., STE. D-1		1.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WARKE, VERONICA		2.2 NAME				
STREET ADDRESS	3926 LOWSON BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHACHTMAN, MAUREEN		3.2 NAME				
STREET ADDRESS	495 PIEDMONT K		3.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33484		3.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CRISAN, OLIVER		4.2 NAME				
STREET ADDRESS	15210 CARTER RD., STE. D-1		4.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MANIQUIS, ELLIS		5.2 NAME				
STREET ADDRESS	6224 LANSLOWNE CIRCLE		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33437		5.4 CITY-ST-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-ST-ZIP			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.

SIGNATURE: _____ 3-18-98 561 445-9873

CR2E034 (10/97)