

MAY-21-1999 14:50 CT CORP. SYSTEM
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99 MAY 21 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # K95816
 1. Corporation Name
 Universal Rehabilitation Centers of America, Inc.

Principal Place of Business Mailing Address
 One Biscayne Tower Suite 3599
 Miami, Florida 33131 Same

2. Principal Place of Business 2a. Mailing Address
 21 4101 Ravenswood Road 26 4101 Ravenswood Road
 Suite, Apt. #, etc. 27 Suite 116
 22 Suite 116 27 Suite 116
 City & State 28 Dania, Florida 28 Dania, Florida
 23 Dania, Florida 28 Dania, Florida
 Zip 29 33312 30 33312
 Country 29 Broward 30 Broward

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number Applied For
 65-0620179 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

9. Name and Address of Current Registered Agent
 Mark J. Bryn
 Two South Biscayne Blvd.
 Suite 3599
 Miami, Florida 33131

10. Name and Address of New Registered Agent
 81 Name Roberto L. Palenzuela
 82 Street Address (P.O. Box Number is Not Acceptable) 4101 Ravenswood Road
 83 Suite 116
 84 City Dania, FL 85 Zip Code 33312

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]* Roberto L. Palenzuela 5/21/99

12. OFFICERS AND DIRECTORS

11. TITLE	P/D	12. DELETE
NAME	Mark J. Bryn	
STREET ADDRESS	2 So. Biscayne Blvd. # 3599	
CITY, ST, ZIP	Miami, FL 33131	
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

11. TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Bruce Nayer	
13. STREET ADDRESS	4101 Ravenswood Road, # 116	
14. CITY, ST, ZIP	Dania, FL 33312	
21. TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Jacob Strikowski	
23. STREET ADDRESS	4101 Ravenswood Road, # 116	
24. CITY, ST, ZIP	Dania, FL 33312	
31. TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Roberto L. Palenzuela	
33. STREET ADDRESS	4101 Ravenswood Road, # 116	
34. CITY, ST, ZIP	Dania, FL 33312	
41. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Christopher T. Hastings	
43. STREET ADDRESS	4101 Ravenswood Road, # 116	
44. CITY, ST, ZIP	Dania, FL 33312	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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)(b), Florida Statutes. I further certify that the information included 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. I, 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 line empowered.

SIGNATURE: *[Signature]* Roberto L. Palenzuela Secretary 5/21/99
 454-321-3603