May 01, 1999 8:00 am Secretary of State

05-01-1999 90083 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05357

1. Corporation Name

CENTUR	Y HEHAB, INC.				
	·				QUAN ENERI QUEN ENERI LEEU
Principal Place	e of Business	Mailing Address			
901 \$ \$R 7 \$TF #385 \$TE #385					
STE #385 HOLLYWOOD FL 33023 HOLLYWOOD FL 33023				DO NOT WRITE IN THIS SP	ACE
US US				3. Date Incorporated or Qualifed	
		•		07/27/1989	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0135333	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		o. Contract of Catalog Science	Fee Required
City & State	e	City & State	_	6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	gible 【Yes ∐No
24	25	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered Ag	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
GALI	e, robert		 	Peter L. Talati	
335 INDIANA STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	,
HOLLYWOOD FL 33019			83	5) S. Orean Drive	
11022111005 12 00010			A A	r IST	
			84 City	FL FL	85 Zip Code
44 5	the province of Continue 607.0	corporation submits this statement for the ourpose of chi			
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 opligations or, Section 607.0505, Pionga Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PTD	⊠ DELETE	1.1 TITLE	PTD	Change 🔀 Addition
NAME	GALE, ROBERT		1.2 NAME	Peter L. Talati	1
STREET ADDRESS	335 INDIANA ST.		1.3 STREET ADDRESS	3001 S. Ocean Drive, Apt	r. 12L
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	3001 S. Ocean Drive, Apt Hollywood, Fl 33019	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CTTY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME .		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change C Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	, , ,	☐ DELETE	5.1 TITLE	·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS	and the second s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	en e	Ì
STREET ADDRESS			6.3 STREET ADDRESS	•	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP