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Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L32954 (4)  
1. Corporation Name  
WEST COAST REHABILITATION CENTER, INC.



Principal Place of Business Mailing Address  
% ORLANDO A. DORIA, M.D.  
2400 HARBOR BLVD STE.1  
PT. CHARLOTTE FL 33952  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/27/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1785915	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DORIA, ORLANDO A.M.D. 2400 HARBOR BLVD. SUITE #1 PT. CHARLOTTE FL 33952		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	DORIA, ORLANDO A., M.D.	1.2 NAME	
STREET ADDRESS	23059 PERU AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	DORIA, EMERATRIZ	2.2 NAME	
STREET ADDRESS	23059 PERU AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*Orlando A. Doria*

4-7-98

CR2E034 (10/97)