

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L49453 (8)
 1. Corporation Name
PREMIER REHABILITATION SERVICES, INC.



Principal Place of Business 7901 MANOR FOREST LANE 7539 GREEN LAKE WAY, F BOYNTON BEACH FL 33462 US	Mailing Address 7901 MANOR FOREST LANE 7539 GREEN LAKE WAY, F BOYNTON BEACH FL 33462-4820 US
---	--

3. Date Incorporated or Qualified 02/07/1990	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0173859	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	

2. Principal Place of Business 21 7901 Manor Forest Lane Suite, Apt. #, etc.	2a. Mailing Address 26 7901 Manor Forest Lane Suite, Apt. #, etc.
22 City & State Boynton Beach	27 City & State Boynton Beach
24 Zip 33462 25 Country USA	29 Zip 33462 30 Country USA

9. Name and Address of Current Registered Agent
**D'AGOSTINO, JOAN R.
7539 GREEN LAKE WAY, F
LANTANA FL 33462**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSD <input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JOAN R.
STREET ADDRESS	7901 MANOR FOREST LANE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	PT <input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JOAN R.
STREET ADDRESS	7901 MANOR FOREST LANE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMNOWITZ, MARTIN F.
STREET ADDRESS	7901 MANOR FOREST LANE
CITY - ST - ZIP	BOYNTON BEACH FL
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Joan R. D'Agostino **JOAN R. D'AGOSTINO** 4/11/97 561-641-9053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)