

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L70928 (1)
1. Corporation Name
QUALITY CARE PROFESSIONAL REHABILITATION, INC.

Principal Place of Business 19 EAST ACRE DRIVE PLANTATION FL 33317	Mailing Address 19 EAST ACRE DRIVE PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0191967		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent PANTAGES, ELIZABETH A. 8034 STATE RD 100 KEYSTONE HEIGHTS FL 32656				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607 (502) 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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE				1.2 NAME	
1.3 STREET ADDRESS				1.4 CITY-ST-ZIP	
2.1 TITLE				2.2 NAME	
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP	
3.1 TITLE				3.2 NAME	
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP	
4.1 TITLE				4.2 NAME	
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP	
5.1 TITLE				5.2 NAME	
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP	
6.1 TITLE				6.2 NAME	
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP	

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83		84 City	
FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607 (502) 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.

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4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
5.1 TITLE		5.2 NAME			
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
6.1 TITLE		6.2 NAME			
6.3 STREET ADDRESS		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:  E.A. PANTAGES 4/2/98 954.584-9786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 02083393

CR2E034 (10/97)