



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000000021</b>  <b>INTERLINK REHAB SERVICES OF FLORIDA, L.C.</b> <b>1986 KINGS HIGHWAY</b> <b>PUNTA GORDA, FL 33980</b>		1a. Principal Place of Business Address  <b>SAME (BLOCK 1)</b>	
2. Principal Place of Business <b>SAME (BLK 1)</b>	2a. Mailing Address <b>SAME (BLK 1)</b>	3. Date Organized or Qualified <b>12-14-97</b>	3a. State of Formation <b>FL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>65-0805389</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report <b>5-8-98</b>	6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent  <b>MICHAEL CROWN</b> <b>911 CHESTNUT ST.</b> <b>CLEARWATER, FL 33756</b>		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE <u>Ed Seiler</u> DATE <u>19 April 98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing agent.)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	<b>Ed SEILER</b>	<b>245 S. BENTON ST.</b>	<b>LAKEWOOD CO 80226</b>
MGRM	<b>ROBERT BROWN</b>	<b>1986 KINGSHIGHWAY</b> <b>APT</b>	<b>PUNTA GORDA, FL</b> <b>33980</b> <b>900002859089-2</b> <b>-04/30/99--01125--009</b> <b>****188.75 ****188.75</b>  
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE: <u>Ed Seiler</u> <b>19 Apr 98</b> <b>303-232-3311</b>			