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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthan

Secretary &State DIVISION OF CORPORATIONS

DOCUMENT # M30054

(4)

IDEAL REHAB, INC.

**APPROVED** AND FILED

1997 OCT 27 PM 3: 57

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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Principal Place of Business Mailing Address						nibi dibir dibir dibil bibir dibir bibir dibir	
8214 N.E. 2NO MIAMI FL 3313		3214 N.E. 2ND AVENUE MIAMI FL 33137-4104					
					3. Date Incorporated or Qualifie 04/07/1986	3a. Date of Last Report 05/03/1996	
2. Principal Place of Business 2a. Mailing Address			·		4. FEI Number	Applied For	
21 26					59-2697607	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
		27	Into		-	Fee Required	
23		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Žìp ∵	Country 7ip		Cour	B. This corporation has liability for intangible tax direct s. 199.052			
24	25	29	30]		Florida Statutes	Yes No	
Name and Address of Current Registered Agent     CORDOVA 1117 8					10. Name and Address of New Registered Agent		
CORDOVA, LUZ S214 N.E. 2ND AVENUE				1 Jose Dearing			
S214 N.E. 2ND AVENUE  MIAMI FL 33137				Street Addr	ess (P.O. Box Number is Not Accer	otable)	
in terre	MI 1 E 00 107		la la	33	17 NE 01-4	10 4	
				B4 City	7 1ami	FL 85 Zip Code 37	
11. Pursuant	to the provisions of Sections 602,050	2 and 607.1508, Florida Statu	les, the abo			ne purpose of changing its registered	
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			E Registere	Agent signature requir		DATE	
12.	OFFICERS AND		13/.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	PSD CORDOVA, LUZ	DELETE	7/1101		F-5-D	Change Addition &	
NAME	3214 N.E. 2ND AVENUE	•	1.2 NAN	ſ	VOSE DEAR	1,05	
STREET ADDRESS	MIAMI FL 33137			EET ADDRESS	3214NE 20	y de se	
CITY-ST-ZIP TITLE	INDAM 1 C 00 107	DELETE	2.1 TITL	(-ST-ZIP	miami Fi	Change Addition	
NAME		_ barre	2.2 NAM			Change CT yapyton	
STREET ADDRESS	}			EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	3 1 TITL		many desired front forms from the ways	Shenge Addition	
NAME			3 2 NAM	1E ;	100000 -10/2	2333167 1A47   979701116005	
STREET ADDRESS			3.3 STR	EET ADDRESS	未来来!	550.00 ****550.00	
CITY-ST-20			3.4. CIT	Y-S1-ZIP			
TITLE		[_] DELETE	4.1 TITE	E		Change Addition	
NAME			4. 2 NA	NE			
STREET ADDRESS			4.3 STR	EET ADDRESS		1	
CITY-ST-ZIP		Distre		- S1 - ZIP			
TITLE	,	☐ DELETE	5.1 TITL			Change    Addition	
NAME OTOGET ADDRESS			5.2 NAM	ĺ		- 1 4	
STREET ADDRESS			1	ET ADDRESS		$\Omega / V I$	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL	-ST-ZIP		Charles A Marie 1	
NAME			6.2 NAM			C. S.	
STREET ADDRESS				E1 ADDRESS		(1) × (1)	
CITY-ST-ZIP				-SI-ZIP		<b>"</b>	
	ov certify that the information supplied	with this filing does not quali			in Cooling 110 07/3)/i) Elerida Stati	too I feelbox and teebal the	

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.

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