

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

FILED
May 15 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 # M51388

(0)

1. Corporation Name

AMERICAN REHAB CORPORATION

Principal Place of Business

4800 S.W. 196TH LANE
750 S.E. 3RD AVE.
DAVIE FL 33332
US

Mailing Address

4800 S.W. 196TH LANE
750 S.E. 3RD AVE.
DAVIE FL 33332
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.		05/04/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2817675	
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.	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution	
				7. Additional Fee Required	
				\$8.75	
				\$5.00 May Be Added to Fees	
				Yes No	

9. Name and Address of Current Registered Agent

CHOTO, ALEX
4800 S.W. 196TH LANE
DAVIE, FL
33332 FL 33316

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

Signature types for printed name of registered agent and officer, if applicable.

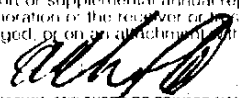
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.2 TITLE		2.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.3 TITLE		3.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.4 TITLE		4.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.5 TITLE		5.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.6 TITLE		6.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 registered agent or person 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:

 Alex C. Choto

4/28/98 (954) 434-2366

CR2E034 (10/97)