


File on or before May 1, 1998 or subject to a \$ 400.00 LATE FEE.

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997-1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000475 INTERCOASTAL REHABILITATION, LLC 9143 PHILIPS HIGHWAY, SUITE 495 JACKSONVILLE FL 32256	
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1a. Principal Place of Business Address 9143 PHILIPS HIGHWAY, SUITE JACKSONVILLE FL 32256

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 222 SE. Randol Mill Rd. Suite 305 Arlington, Tx 76010 Country USA
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3. Date Organized or Qualified 08/01/1997	3a. State of Formation AR
4. FEI Number 59-3459231	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

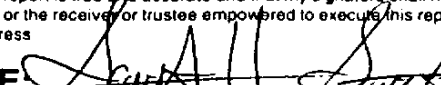
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAIRE, SCOTT A	9143 PHILIPS HIGHWAY, SUITE	JACKSONVILLE FL
MGRM	VALDEZ, GILBERT	9143 PHILIPS HIGHWAY, SUITE	JACKSONVILLE FL

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  5-18-99 4-27-98 817-633-9400