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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90173 046 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09969

1. Corporation Name
SPINAL CORD LIVING-ASSISTANCE DEVELOPMENT, INC.

Principal Place of Business 240 EAST FIRST AVE STE 122 HIALEAH FL 33010 US	Mailing Address 240 EAST FIRST AVE STE 122 HIALEAH FL 33010 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/26/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2626198
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, PEDRO F. 240 E 1 AVE STE 122 MIAMI FL 33010	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, PEDRO F.	1.2 NAME	Alberto Martin
STREET ADDRESS	2 CIRCLE DRIVE	1.3 STREET ADDRESS	250 E. Second Avenue, Apt. 204
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	Hialeah, Florida 33010
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINGUEZ, AGUSTIN	2.2 NAME	Zenaida Fernandez
STREET ADDRESS	8540 SW 104TH ST	2.3 STREET ADDRESS	815 Monterey Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	DAST <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ANGELINA P.	3.2 NAME	Andres Vasquez, M.D.
STREET ADDRESS	2 CIRCLE DRIVE	3.3 STREET ADDRESS	9761 Fern Lane
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	Miramar, Florida 33025
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, DINORA	4.2 NAME	
STREET ADDRESS	303-C SEA OATS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNOT BEACH FL 33408	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRADE, RAUL	5.2 NAME	
STREET ADDRESS	8808 NW 109 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARLADE, MARGARITA M.	6.2 NAME	
STREET ADDRESS	9010 SW 9TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RODRIGUEZ, PEDRO F. RODRIGUEZ, President** Date: 4/28/99
 Daytime Phone #: 305-887-8838

CR2E037 (11/98)