

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # **P24255** (2)
1. Corporation Name
PREMIER REHABILITATION CENTERS OF FLORIDA, INC.



Principal Place of Business
**7375 S.W. 120TH STREET
MIAMI FL 33156**

Mailing Address
**7375 S.W. 120TH STREET
MIAMI FL 33156-4680
US**

3. Date Incorporated or Qualified 05/11/1989	3a. Date of Last Report 08/05/1996
4. FEI Number 04-3049412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 10140 LEAN STATION RD
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. LOUISVILLE, KY.
24. Country	29. U.S.A.

9. Name and Address of Current Registered Agent

**LYDON, STEVE
11207 S DIXIE HWY
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST GOLDSTEIN, STANLEY M. 50 TOWER RD NEWTON MA	1.1 TITLE	PRESIDENT + CEO
NAME		1.2 NAME	RONALD G. GRARY
STREET ADDRESS		1.3 STREET ADDRESS	10140 LEAN STATION RD.
CITY- ST- ZIP		1.4 CITY- ST- ZIP	LOUISVILLE, KY. 40225
TITLE	D GOLDSTEIN, STANLEY M. 50 TOWER RD NEWTON MA	2.1 TITLE	VICE PRESIDENT ACCOUNTING - DPO
NAME		2.2 NAME	MICHAEL REIBEL
STREET ADDRESS		2.3 STREET ADDRESS	10140 LEAN STATION RD.
CITY- ST- ZIP		2.4 CITY- ST- ZIP	LOUISVILLE, KY. 40225
TITLE	AS WEILAND, ROBERT A. 400 ATLANTIC AVE. BOSTON MA	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. 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.

SIGNATURE: Michael J. Reibel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)