

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB 17 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056502 (6)

1. Corporation Name  
**CLINICAL REHAB-CENTER, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**8267 W SUNRISE BLVD PLANTATION FL 33322**

3. Date Incorporated or Qualified **08/09/1993** 3a. Date of Last Report **02/23/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **4571 A.W. 7TH ST** 2a **4571 A.W. 7TH ST.**

4. FEI Number **65-0461926** Applied For  Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State  
**Miami Fla.** **Miami Fla.**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country  
**33126 USA 33126 USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**-VALLES JOSE  
-340 W 19TH STREET #6  
-MIAMI FL 33010.**

10. Name and Address of New Registered Agent  
81 Name **ARMANDO FIGUEROA**  
82 Street Address (P.O. Box Number is Not Acceptable) **9025 S.W. 158TH ST.**  
83  
84 City **Miami** FL 85 Zip Code **33157**

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 **Armando Figueroa PVP** DATE **2/2/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIGUEROA, ARMANDO</b>	1.2 NAME	
STREET ADDRESS	<b>9025 SW 158TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALLES, JOSE D</b>	2.2 NAME	
STREET ADDRESS	<b>340 W 19TH STREET, #6</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33010</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Armando Figueroa PVP** DATE **2/2/95** **448-1554**