

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90090 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000056502**

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

Principal Place of Business 4571 NW 7TH ST MIAMI FL 33126 US	Mailing Address 4571 NW 7TH ST MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2020 S.W. 1 <sup>ST</sup> ST.	2a. Mailing Address 26 2020 S.W. 1 <sup>ST</sup> ST.	3. Date Incorporated or Qualified 08/09/1993	4. FEI Number 65-0461926	Applied For Not Applicable
22 Suite, Apt. #, etc. STE. # 100	27 Suite, Apt. #, etc. STE. # 100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Miami, Fla.	28 City & State Miami Fla.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 33135	25 Country USA	29 Zip 33135	30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FIGEREDO, ARMANDO**  
 17611 SW 81ST CT  
 MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	FIGUEREDO, ARMANDO	
STREET ADDRESS	17611 SW 81ST CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: Armando Figueredo 1/8/99 (305) 631-1171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)