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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000073986 (0)**

1. Corporate Name
CARE REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
~~1799 N STATE RD 7~~ NEW ADDRESS	~~1799 N STATE RD 7~~
~~SUITE 10~~ 5170 COCONUT CREEK PARKWAY	~~SUITE 10~~
~~MARGATE FL 33063~~ MARGATE, FLORIDA 33063	MARGATE FL 33063-5733

3. Date Incorporated or Qualified: 10/19/1993	3a. Date of Last Report: 10/24/1996
4. FEI Number: 65-0446580	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~MALTZ, MICHAEL~~
~~1799 N STATE RD 7~~
~~STE. 10~~
~~MARGATE FL 33063~~

5170 COCONUT CREEK PARKWAY
MARGATE, FLORIDA
33063

10. Name and Address of New Registered Agent

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 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: Michael Maltz 3/10/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICER(S) AND DIRECTOR(S)

TITLE: P	NAME: MALTZ, MICHAEL	☐ DELETE
STREET ADDRESS: ~~1799 N STATE RD 7~~ NEW ADDRESS	CITY-ST-ZIP: ~~MARGATE FL 33063~~ 5170 COCONUT CREEK PARKWAY MARGATE, FL 33063	
TITLE	NAME	☐ DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	☐ Change ☐ Addition
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
2.1 TITLE	2.2 NAME	☐ Change ☐ Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME	☐ Change ☐ Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	☐ Change ☐ Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	☐ Change ☐ Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	☐ Change ☐ Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 report or supplemental 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 Maltz 3/10/97 954-974-5534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147142