

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000087555 (7)

1. Corporation Name
BEACON REHABILITATION CENTER, INC.

Principal Place of Business

6043 NW 167 ST
#21A
MIAMI FL 33015

Mailing Address

6043 NW 167 ST
#21A
MIAMI FL 33015

FILED

97 AUG 19 AM 7:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1993 3a. Date of Last Report 04/15/1996

4. FEI Number 65-0456900 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

DIAZ, ANGELA
4530 SW 68 COURT CIRCLE
#3
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name ANGELA DIAZ
82 Street Address (P.O. Box Number is Not Acceptable) 3850 HARDIE RD
83
84 City CORAL Gables FL 85 Zip Code 33133

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 Angela Diaz, PT.

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME DIAZ, ANGELA
STREET ADDRESS 4200 NW 87 AVENUE
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

TITLE VPTD
NAME TORRES, SONIA
STREET ADDRESS 1200 NW 87 AVENUE
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

TITLE VPD
NAME MOLL, LUIS
STREET ADDRESS 1200 NW 87 AVENUE
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME DIAZ, ANGELA
1.3 STREET ADDRESS 3850 HARDIE RD.
1.4 CITY-ST-ZIP Coral Gables, FL 33133 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 100002272891--B
2.4 CITY-ST-ZIP -08/20/97--01108--021
***165.00 ***165.00 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

ANGELA DIAZ, PT.

(307) 831-0502

CR2E034 (4/97)



2

August 8, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Beacon Rehabilitation Center, Inc.

Gentlemen:

Enclosed is my check in the amount of \$165.00 to cover the fee you require from corporations. Please be advised that this notice was delivered to a nearby office and came to me only yesterday. Further, the cover page is mis-leading in that I felt that payment by September 17th would have kept me current. In a telephone call to your office yesterday, I found that I am listed as delinquent. Due to the reasons specified above, please reconsider your decision and reactivate our file.

I have made some changes on the form. They are as follows:

Diaz, Angela, President/ Secretary
8181 N. W. 36 Street, Suite 1901
Miami, Florida 33172

Torres, Sonia, VP/Treas
1200 N.W. 87 Ave.
Miami, FL 33172

Moll, Luis, VP
1200 N.W. 87 Ave.
Miami, FL 33172

Also corrected is the address for the registered agent. That is as follows:

Diaz, Angela
3850 Hardie Road
Miami, FL 33133

I will appreciate your reconsideration of this and thank you in advance.

Very truly yours,

Angela L. Diaz, P.T.
President
Enc. (as above)