

FILED

Jan 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P94000001142 (6)</b>			
<b>1. Corporation Name</b> <b>AMERICAN REHABILITATION TEAM, INC.</b>			
<b>Principal Place of Business</b> <b>11491 SW 82 TERRACE</b> <b>MIAMI FL 33173</b> <b>US</b>		<b>Mailing Address</b> <b>11491 SW 82 TERRACE</b> <b>MIAMI FL 33173-3613</b> <b>US</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc.  <b>22</b> City & State  <b>23</b> Zip      Country  <b>24</b> <b>25</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc.  <b>27</b> City & State  <b>28</b> Zip      Country  <b>29</b> <b>30</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>MARIN, MYRIAM</b> <b>11491 S.W. 82ND TERRACE</b> <b>MIAMI FL 33173</b>			<b>81</b> Name  <b>82</b> Street Address  <b>83</b>  <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, and accept the obligation of Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> <i>Myriam Marin</i> (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	PVSD	<input type="checkbox"/> DELETE	
NAME	MARIN, MYRIAM		1.1 TITLE
STREET ADDRESS	11491 S.W. 82ND TERRACE		1.2 NAME
CITY - ST - ZIP	MIAMI FL 33173		1.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address</b>			
<b>SIGNATURE:</b> <i>Myriam Marin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)