

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
 AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:31

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P94000015566 (0)

1. Corporation Name  
**HBA REHAB, INC.**

Principal Place of Business Mailing Address  
**5310 NW 33RD AVE. SUITE 211 FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/25/1994</b>	3a. Date of Last Report
4. FEI Number <b>650473670</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>WEISMAN, BARTON D 5310 NW 33RD AVE. SUITE 211 FT. LAUDERDALE FL 33309</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST BARTON D. WEISMAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17603 LAKE ESTATES DRIVE	1.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33496	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V HOWARD L. LIFSHUTZ	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	550 S. OCEAN DRIVE APT. 604	2.2 NAME	
STREET ADDRESS	BOCA RATON, FL 33432	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V BARRY KANTROWITZ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7717 NW 79th ST.	3.2 NAME	
STREET ADDRESS	TAMARAC, FL 33321	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V KEITH KROEGER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	361 TARA DRIVE	4.2 NAME	
STREET ADDRESS	PLANTATION, FL 33375	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	P ANDREW S. WEISMAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7650 NW 47th DRIVE	5.2 NAME	
STREET ADDRESS	COBAL SPRINGS FL 33067	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 110.07(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 its 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: Barry M. Kantrowitz Date: 6/29/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)