


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.)

FILED  
Aug 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000015566 (0)**

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

Principal Place of Business

**5310 NW 33RD AVE.  
SUITE 211  
FT. LAUDERDALE FL 33309**

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 <b>03/05/1996</b>
4. FEI Number <b>65-0473670</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23**

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28**

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**WEISMAN, BARTON D  
5310 NW 33RD AVE.  
SUITE 211  
FT. LAUDERDALE FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISMAN, BARTON D.</b>	
STREET ADDRESS	<b>17803 LAKE ESTATES DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LIPSHUTZ, HOWARD L.</b>	
STREET ADDRESS	<b>550 S. OCEAN DR, APT. 604</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KANTROWITZ, BARRY</b>	
STREET ADDRESS	<b>7717 NW 79TH ST</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KROEGER, KEITH</b>	
STREET ADDRESS	<b>381 TARA DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISMAN, ANDREW S.</b>	
STREET ADDRESS	<b>7650 NW 47TH DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

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 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 any attachment with an address.

SIGNATURE

CR2E034 (4/97)