
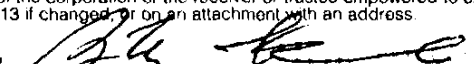


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2a		02/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0473670	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		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	
Country		Country		9. Name and Address of Current Registered Agent	
25		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
WEISMAN, BARTON D 5310 NW 33RD AVE. SUITE 211 FT. LAUDERDALE FL 33309		83.		84. City	
		85. Zip Code		FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME WEISMAN, BARTON D.					
STREET ADDRESS 17803 LAKE ESTATES DR					
CITY-ST-ZIP BOCA RATON FL					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME LIPSHUTZ, HOWARD L.					
STREET ADDRESS 550 S. OCEAN DR, APT. 604					
CITY-ST-ZIP BOCA RATON FL					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME KANTROWITZ, BARRY					
STREET ADDRESS 7717 NW 79TH ST					
CITY-ST-ZIP TAMARAC FL					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME KROEGER, KEITH					
STREET ADDRESS 361 TARA DR					
CITY-ST-ZIP PLANTATION FL					
1.5 TITLE <input type="checkbox"/> DELETE					
NAME WEISMAN, ANDREW S.					
STREET ADDRESS 7650 NW 47TH DR					
CITY-ST-ZIP CORAL SPRINGS FL					
1.6 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 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:  4/14/98					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)