FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-31-95 p-08988

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

APPROVED AND FILED
95 MAY 31 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015614 (8)

1. Corporation Name
VENTECH REHAB, INC.

Principal Place of Business	Mailing Address
300 71 STREET SUITE 600 MIAMI BEACH FL 33141	300 71 STREET SUITE 600 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0470479 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HERNANDO, JORGE A
5760 LA GORCE DRIVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

61 Name: Eduardo R. Hernando
62 Street Address (P.O. Box Number is Not Acceptable): 1947 SW 22 Terrace
63
64 City: Miami FL 65 Zip Code: 33145

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: Eduardo R. Hernando — 4/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	HERNANDO, JORGE A	1 2 NAME	HERNANDO, EDUARDO R.
STREET ADDRESS	5760 LA GORCE DRIVE	1 3 STREET ADDRESS	1947 S.W. 22 TERRACE
CITY-ST-ZIP	MIAMI BEACH FL 33140	1 4 CITY-ST-ZIP	MIAMI, FL. 33145
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	HERNANDO, EDUARDO R	2 2 NAME	
STREET ADDRESS	5760 LA GORCE DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	MIROPOL, CINDY	3 2 NAME	
STREET ADDRESS	5005 COLLINS AVE, #814	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	6/29
TITLE		6 1 TITLE	☐ Change ☐ 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 119.07(3)(k), 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: EDUARDO R. HERNANDO 4/3/95 (305) 868 7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181030 CP