

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

FILED
Feb 05 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 # P94000056509 (0)

1. Corporation Name

WESTCHESTER REHABILITATION CENTER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7980 CORAL WAY MIAMI FL 33155 US		Mailing Address 7980 CORAL WAY MIAMI FL 33155 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GURRI, JORGE P 5915 PONCE DE LEON BLVD. STE. 12 CORAL GABLES FL 33146		81 Name PEREZ-GURRI, DIANE	
		82 Street Address (P.O. Box Number is Not Acceptable) 7980 S.W. 24 STREET	
		83	
		84 City MIAMI	
		85 Zip Code FL 33155	
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 <i>Diane Perez-Gurri</i>		DIANE PEREZ-GURRI 1/30/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GURRI, DIANE P	1.2 NAME	PEREZ-GURRI, DIANE
STREET ADDRESS	8430 S.W. 98TH ST.	1.3 STREET ADDRESS	7980 S.W. 24 STREET
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	V	2.1 TITLE	
NAME	SIERRA, TERESITA	2.2 NAME	
STREET ADDRESS	5511 SARDINIA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D
NAME		3.2 NAME	SUAREZ, ORLANDO
STREET ADDRESS		3.3 STREET ADDRESS	8977 S.W. 28 STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Diane Perez-Gurri* DIANE PEREZ-GURRI 1/30/98 (305) 267-5055

CR2E034 (10/97)