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

0226976

PROFIT
*CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000056509**

1. Corporation Name
WESTCHESTER REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
7980 CORAL WAY MIAMI FL 33155 US	7980 CORAL WAY MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1994

4. FEI Number
65-0523272
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] 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	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

PEREZ-GURRI, DIANE
7980 SW 24TH ST.
[redacted]
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Not Acceptable)
83
84 City

04/23/99--01014--024
****158.75 ****158.75

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

12. OFFICERS AND DIRECTORS		
TITLE	P	[ ] DELETE
NAME	GURRI, DIANE P	
STREET ADDRESS	~~8430 S.W. 98TH ST.~~	
CITY-ST-ZIP	MIAMI FL ~~33156~~	
TITLE	V	[ ] DELETE
NAME	SIERRA, TERESITA	
STREET ADDRESS	5511 SARDINIA ST.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	[ ] DELETE
NAME	SUAREZ, ORLANDO	
STREET ADDRESS	8977 SW 28TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	VP	[X] Change	[ ] Addition
12 NAME	PEREZ-GURRI, DIANE		
13 STREET ADDRESS	7980 CORAL WAY		
14 CITY-ST-ZIP	MIAMI, FL 33155		
21 TITLE	P	[X] Change	[ ] Addition
22 NAME	SIERRA, TERESITA		
23 STREET ADDRESS	7980 CORAL WAY		
24 CITY-ST-ZIP	MIAMI, FL 33155		
31 TITLE	D	[X] Change	[ ] Addition
32 NAME	SUAREZ, ORLANDO		
33 STREET ADDRESS	7980 CORAL WAY		
34 CITY-ST-ZIP	MIAMI, FL 33155		
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

B 4/20/99 99Am

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Diane Perez-Gurri DIANE PEREZ-GURRI 4/16/99 (305) 267-5565
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #