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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400056990 (2)

FIRST CARE REHAB, INC.

Principal Place of Business Mailing Address

9960 CENTRAL PARK BLVD S SUITE 102

FILED Jan 28 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

							08/01/1994	02/06/	1996		
2. Principal	Place of Business	2a. Mailing	y Address				4. FEI Number		Ap	plied For	
21		26					59-2215935		No	t Applicable	
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.				E. Contingto of Status Desired	□ \$	8.75	Additional	
22		27					5. Certificate of Status Desired	L	Fee Re	quired	
City & Sta	te	City &	City & State				6. Election Campaign Financing		5.00	May Be	
23		28					Trust Fund Contribution		Added t		
Zıp	Country	Zip		Countr	ГУ		8. This corporation has liability for in	ntangible tax	under s.	199.032,	
24	25	29		30		i	Florida Statutes	Yes N	0		
	Name and Address of Curren	t Registered A	gent				10. Name and Address of New Reg	jistered Ager	nt		
Lopez-ivern, Fernando						81 Name					
9960 CENTRAL PARK BLVD S SUITE 102						82 Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33428					Sireer Address (F.O. DOX Inditibet is 1901 Acceptable)						
	-			8	3						
	-			<u> </u>	1						
				84	4 (City		FL 84	Zip (Code	
11 Pursuan	to the provisions of Sections 607 050	2 and 607 1506	3. Florida Statut	es the abo	Ve-n	amed corpor	ration submits this statement for the n		naine it	s registered	
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Sucl	h change was	authorized b	by th	ne corporation	n's board of directors. I hereby accep	t the appointr	nent as	registered	
agent I	am familiar with, and accept the obliga	itions of, Section	on 607.0505, Fi	orida Statuti	es.						
SIGNATURE	Classic			7. Duniation of A				DATE			
12.	Signature, typiid or printed name of registered age OFFICERS ANI		ne (NO)	13.	gent s	signature required	ADDITIONS/CHANGES TO OFFIC		ECTOB	S IN 12	
TITLE	P	DITECTORS	DELETE	1.1 TITLE	:		ADDITIONS/CHANGES TO CITIC		Change	Addition	
NAME	LOPEZ-IVERN, FERNANDO			1.2 NAME				_	onungo		
	COOK OF LIVE ALL DIVINE HAD	12									
STREET ADDRESS	BOCA RATON FL 33428	Z		1.3 STRE		·					
CITY-ST-ZIP	BUCA RATUN FL 33420		Dr. Fre	1.4 CITY		ZIP			<u> </u>	a program	
TITLE			DEFELE	2.1 TITLE					Change	Addition	
NAME				2.2 NAME	Ε	1					
STREET ADDRESS				2.3 STRE	et adi	IDRESS					
CITY-ST-ZIP			~_~	2. 4 CITY		ZIP			·		
TITLE			DELETE	3.1 TITLE				لسا	Change	Addition	
NAME				3.2 NAMI	E					Ì	
STREET ADDRESS				3.3 STRE	ET AD	odress					
CITY - ST - ZIP				3.4. CITY	-ST-2	ZIP					
TITLE			DELETE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAM	le.						
STREET ADDRESS				4.3 STRE	ET AD	ODRESS					
CITY - ST - ZIP				4.4 CITY	- ST- Z	ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition	
NAME				52 NAMI	E				_	-> a	
STREET ADDRESS				5 3 STRE	ET ADI	DRESS			(~	1 20	
CITY-ST ZIP				5.4 City		1			9		
TITLE		······································	DELETE	6.1 TITLE			50000202	3E3	Change	Addition	
NAME				6.1 NAM			50000207 -01/29/970109	:7nna			
						, posses	***165.00) 1 UUS			
STREET ADDRESS				63STRE			***100.00				
CITY - ST - ZIP	abu portify that the information expedie	el saritha dhana dili	door not a al	6.4 CITY			n Section 110 07/2\(ii) Elected Statute	n liferethan co	tifu shee	tho	

4. 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 a latachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #