

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:06

DOCUMENT # **P94000066297 (0)**
1. Corporation Name
SANAR CLINICAL REHAB CENTER, INC.

Principal Place of Business Mailing Address
**4571 NW 7 ST
MIAMI FL 33126** **4571 NW 7 ST
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 620 S.W. 12 Ave.	26 Same	09/09/1994	N/A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		65-0519257	<input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Miami, Florida			<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
33135			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**FIGUERO, ARMANDO J
4571 NW 7 ST
MIAMI FL 33126**

10. Name and Address of New Registered Agent
01 Name **Luis Alonso**
02 Street Address (P.O. Box Number is Not Acceptable) **13217 S.W. 85 ST. Rd.**
03
04 City **Miami** 05 Zip Code **FL 33183**

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 agent 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: _____ DATE: _____
Signature of Registered Agent or Third-Party Agent NOTE: Registered Agent Signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUERO, ARMANDO J	1.2 NAME	Luis Alonso
STREET ADDRESS	9025 SW 185 ST	1.3 STREET ADDRESS	13217 S.W. 85 ST. Rd.
CITY- ST- ZIP	MIAMI FL 33157	1.4 CITY- ST- ZIP	Miami, Florida 33183
TITLE		2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Carlos M. Garcia
STREET ADDRESS		2.3 STREET ADDRESS	3158 North Bay Rd.
CITY- ST- ZIP		2.4 CITY- ST- ZIP	Miami Beach, Florida 33140
TITLE		3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Candida Magdaleno
STREET ADDRESS		3.3 STREET ADDRESS	12171 S.W. 21 Street
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Miami, Florida 33175
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. Further, I 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 appointed to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Luis Alonso** *Luis Alonso* January 20, 1995
SIGNATURE AND TYPE OF OFFICIAL NAME OF REGISTERED OFFICER OR DIRECTOR Date (Include Title)