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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000007836 (6)

1. Corporation Name
FLORIDA REHABILITATION PROPERTIES, INC.



Principal Place of Business
31115 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

Mailing Address
31115 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684-4438

3. Date Incorporated or Qualified 01/30/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 989 Georgia Ave.

2a. Mailing Address
26 PO Box 1481

4. FEI Number 59-3294133
Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Palm Harbor, FL

28 City & State
Palm Harbor, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 34683 Country USA

29 Zip 34682 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURTZO, CRAIG
3115 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

81 Name Craig Turtzo
82 Street Address (P.O. Box Number is Not Acceptable) 989 Georgia Ave.
83
84 City Palm Harbor FL 85 Zip Code 34683

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 Craig Turtzo 1/8/97
(Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes a 'DELETE' checkbox for each entry.

Table with 5 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'Change' and 'Addition'.

14. 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 licensee 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: Craig Turtzo 1/8/96 813/781-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)