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

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 JUN 16 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012624

1. Corporation Name
SOUTHEAST FITNESS REHABILITATION, INC.

Principal Place of Business
970 14 LANE
VERO BEACH, FL. 32960

Mailing Address
970 14 LANE
VERO BEACH, FL. 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/13/95

21 Principal Place of Business: 2180 SW 12 AVE
22 Suite, Apt. #, etc.:
23 City & State: MIAMI, FL.
24 Zip: 33129
25 Country: DADE

26 Mailing Address: 2180 SW 12 AVE
27 Suite, Apt. #, etc.:
28 City & State: MIAMI, FL.
29 Zip: 33129
30 Country: DADE

4. FEI Number: 65-0560639 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GONZALEZ, MANUEL
12501 N. KENDALL DR. SIDE STE.
MIAMI, FL. 33186

10. Name and Address of New Registered Agent
81 Name: TANIA SANTIAGO
82 Street Address (P.O. Box Number is Not Acceptable): 2180 SW 12 AVE
83
84 City: MIAMI FL 85 Zip Code: 33129

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: [signature] 4/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GONZALEZ, MANUEL 12501 N. KENDALL DR. MIAMI, FL. 33186	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition PSD GONZALEZ, MANUEL 2180 SW 12 AVE. MIAMI, FL. 33129
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 700002568887 1 -06/19/98--01113--016 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: MANUEL GONZALEZ AMOR 4/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

PHONE NO. (305) 860-9191