

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

FILED

Mar 31 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 # P95000015512 (3)

1. Corporation Name

LAKE WORTH REHABILITATION ASSOCIATES INC.



Principal Place of Business

7173-7179 LAKE WORTH ROAD
LAKE WORTH FL 33467

Mailing Address

7173-7179 LAKE WORTH ROAD
LAKE WORTH FL 33467-2906

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0557438

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CARRAZANA, LUIS E
2025 LAVERS CIRCLE, D-207
SUITE 211
DELRAY BCH FL 33444

10. Name and Address of New Registered Agent

81 Name
Luis E Carrazana

82 Street Address (P.O. Box Number is Not Acceptable)

83 7657 Lake Worth Road

84 City
Lake Worth

FL

85 Zip Code
33467

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	COPENHAVER, PAUL	8339 GARDEN GATE PLACE	BOCA RATON FL	<input type="checkbox"/>
VD	DONAHUE, CYNTHIA	667 EAGLE CIRCLE	DELRAY BCH FL	<input type="checkbox"/>
TD	PETERSON, A R	109 STARLING AV	ROYAL PALM BCH FL	<input checked="" type="checkbox"/>
SD	CARRAZANA, LUIS E	2025 LAVERS CIRCLE, D-207	DELRAY BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
		7657 Lake Worth Road	Lake Worth, Florida 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	Change	Addition
		7657 Lake Worth Road	Lake Worth, Florida 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	Change	Addition
		7657 Lake Worth Road	Lake Worth, Florida 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Luis E Carrazana 3/18/97 (541) 642-6836

CR2E034 (9/96)