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CORPORATION				Sandra B. Mortham						retar				
ANNUAL REPORT				Secretary of State				<u> </u>		ACtai	y OI	. Di	aic	
		1998	- Contract	DIVISION OF CORPORATIONS					_					
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"	LAKE WORTH REHABILITATION ASSOCIATES INC.										/			
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Prir	ncipal Place	e of Business		Mailing Addre	Mailing Address				الوبوطالية	م)العالمان أاسة		milian	annual (a)	
		KE WORTH ROAD		7657 LAKE WORTH RD)					•	
u	ike Worth	FL 33467		LAKE WORTH FL 33467 US				DO NOT WRITE IN THIS SPACE						
ĺ								1	Date Incorporate	d or Qualified	-			
	Principal Place of Business			2a. Mailing Address					02/23/1995 El Number				Applied For	
21	Suite, Apt #, etc.			Suite, Apt. #, etc					_65-055743	3	·		Not Applicable Additional	
22				27				5. (Certificate of Stat	lus Desired			Required	
23	City & State			City & State				i	lection Campaignst Fund Contr		П		O May Be d to Fees	
L	Zip	Cour	Zip	Country		8. This corporation owes or has paid the current year In				Intangible				
24		9. Name and Add	Iress of Current	29 Registered Agent	30	<u> </u>			Personal Propert	·			L No	
	CARRAZANA, LUIS E 81 Name												,	
		7 LAKE WORTH R			82 Street Add			Address (P.C). Box Number i	s Not Accepta	ble)			
LAKE WORTH FL 33467				83						· · · · · · · · · · · · · · · · · · ·				
}						B4	City		····		F*1	85 Zi	p Code	
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												hanging	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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													as registered	
SIG	NATURE	Signature, typed or profed n	ame of registered apent	and little if applicable	(NOTE P	Ingistered Agn	nt signature	required when re	enstating)	 -	DATE			
12.		no.	OFFICERS AND		DELETE	13.	T	ΛI	ODITIONS/CHAN	IGES TO OILE		DIFFECTO Change		
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CITY	St-ZIP I hereby c	certify that the informa	hot aupplied with	This filing does no	ot qualify for t	te exemple	r-zip(// lion stato	d in Section	119.07(3)(i), Flo	rida Statutés.	I further cert	ify that th	ne information	
	indicated officer or o Block 12 o	certify that the information this annual report director of the corpor or Block 18 if change	or supplemental alon or the received or on an attach	annual report is tru rer or trustee empo iment with an addi	ue and accura owered to eke ress.	ale and the scute this t	at my sigr	nature shall required by	have the same to Chapter 607, Fi	egal effect as i orida Statutes;	if made under and that my	er oath; t y name a	hal I am an ippears in	