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Jan 30 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 # P95000018896 (7)

1. Corporation Name:
WESTLAND REHAB, INC.

Principal Place of Business:
1490 WEST 49TH PLACE
SUITE 290
HIALEAH FL 33012

Mailing Address:
1490 WEST 49TH PLACE
SUITE 290
HIALEAH FL 33012-3148

3. Date Incorporated or Qualified: **03/08/1995**
3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business
21 1490 WEST 49TH PL.
Suite, Apt. #, etc.
22 # 298
City & State
23 HIALEAH, FLORIDA
Zip 24 33012 Country 25 DADE

2a. Mailing Address
26 1490 WEST 49TH PL.
Suite, Apt. # etc.
27 # 298
City & State
28 HIALEAH, FLORIDA
Zip 29 33012 Country 30 USOE

4. FEI Number: **65-0565657** ☐ 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
LOPEZ, CELESTINO
1490 WEST 49TH PLACE
SUITE 290
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1538, 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 _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	LOPEZ, CELESTINO	
STREET ADDRESS	1490 WEST 49TH PLACE, SUITE 290	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	☐ DELETE
NAME	SUAREZ, GRISEL	
STREET ADDRESS	1995 SW 5 ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	☐ DELETE
NAME	HERNANDEZ, MARTHA	
STREET ADDRESS	13435 SW 42ND TERR	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (9/96)

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 added in connection with an address.

SIGNATURE: _____ 1/23/97