

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90151 023 \*\*\*158.75

DOCUMENT # P95000018896

1. Corporation Name  
WESTLAND REHAB, INC.

Principal Place of Business  
1490 WEST 49TH PLACE  
298  
HIALEAH FL 33012  
US

Mailing Address  
1490 WEST 49TH PLACE  
298  
HIALEAH FL 33012  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/08/1995

4. FEI Number  
65-0565657  
Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, CELESTINO  
1490 WEST 49TH PLACE  
SUITE 290  
HIALEAH FL 33012

81 Name MARTHA HERNANDEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 16514 STONEHAVEN ROAD  
83  
84 City MIAMI LAKES FL 85 Zip Code 33014

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME LOPEZ, CELESTINO  
STREET ADDRESS 1490 WEST 49TH PLACE, SUITE 290  
CITY-ST-ZIP HIALEAH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME SUAREZ, GRISEL  
STREET ADDRESS 1995 SW 5 ST  
CITY-ST-ZIP MIAMI FL 33144

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SUAREZ, GRISEL  
2.3 STREET ADDRESS 851 E 33 ST  
2.4 CITY-ST-ZIP MIAMI - FL. 33013

TITLE SD ☐ DELETE  
NAME HERNANDEZ, MARTHA  
STREET ADDRESS 13435 SW 42ND TERR  
CITY-ST-ZIP MIAMI FL 33175

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME HERNANDEZ, MARTHA  
3.3 STREET ADDRESS 16514 STONEHAVEN ROAD  
3.4 CITY-ST-ZIP MIAMI LAKES, FL. 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 305-558-2744  
Date Daytime Phone #

CR2E034 (1/98)