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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000065170 (9)

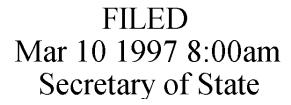
PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, INC.

14840 S. MILITARY TRAIL DELRAY BEACH FL 33484 IIS

Principal Place of Business

Mailing Address

14840 S. MILITARY TRAIL DELRAY BEACH FL 33484-8153



3a. Date of Last Report



Date Incorporated or Qualified

Principal Pt					U0/22/1890		ספפו עונ	
·n '	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
		26			65-0601400		No	t Applicabl
Suite, Apt 3	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
		27					Fee Re	quired
City & State	3	City & State			6. Election Campaign Financing		\$5.00	May Be
*** *** * * * * * * * * * * * * * * * *		28			Trust Fund Contribution		Added t	o Fees
<i>Z</i> ıp]	Country	Zip	Country	у	This corporation has liability for		tax under s	199.032,
	25	[29]	30				J No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	\gent	
	LER, BRUCE S		B1	Name				
7101 W MCNAB RD #103				82 Street Address (P.O. Box Number is Not Acceptable)				
MAT	ARAC FL 33321						,	
			83	3				
			84	City			85 Zip (Code
			1],		FL		
Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the abov	re-named cor	poration submits this statement for the	purpose of	changing it	s registere
- office or re - agent Lar	egistered agent, or both, in the State in famil ar with, and accept the oblic	é of Florida, Such change was nations of Section 607.0505. £	s authorized b Florida Statuto	y the corpora	tion's board of directors. I hereby according	ept the appo	ointment as	registered
_	The state of the s	ganona or, aconon cor.occo, i	TOTION STATUTE					
BNATURE	Sign at mei Type if or printed name of migisterod ag	pere and title if applicable. (NC	Off: Registered Ag	gent signature requ	ired when reinstating)	DATE		
	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND L	DIRECTORS	IN 12
ŧ	DPS	DELETE	1.1 TITLE	***************************************			Change	Additi
nt I	Salehi, Hamid		1.2 NAME					
EEL ADDRESS	8801 JOHNSON ST		1.3 STREE	T ADDRESS				
Y - \$1 - 7IP	PEMBROKE PINES FL		1.4 CITY-					
		DELETE		51-211	***************************************		Change	Additi
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ME	STANGER, JEFFREY	L) VELETE	2.2 NAME				Change	
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