

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**APPROVED
AND
FILED**

96 JUN 24 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080327 (6)**

1. Corporation Name

PHYSICIANS REHAB. CENTER, INC.



Principal Place of Business Mailing Address
2550 N.W. 72ND AVE., STE. 208 MIAMI FL 33122 **2550 N.W. 72ND AVE., STE. 208 MIAMI FL 33122**

3. Date Incorporated or Qualified **10/17/1995** 3a. Date of Last Report
 4. FEI Number **65-0612553** 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

2. Principal Place of Business 2b. 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

~~GUTIERREZ, JACKIE
2550 N.W. 72ND AVE., STE. 208
MIAMI FL 33122~~

81 Name **THE RC # 6 FAMILY Limited PARTNERSHIP**
 82 Street Address (P.O. Box Number is Not Acceptable) **10491 SW 15 LN**
 83 **# 204**
 84 City **MIAMI** FL 85 Zip Code **33174**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

RUBEN CALAS FOR THE RC # 6 FAMILY Limited PARTNERSHIP 6/5/96

12. OFFICERS AND DIRECTORS

TITLE	PVST <input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, JACKIE
STREET ADDRESS	2550 N.W. 72ND AVE., STE. 208
CITY - ST - ZIP	MIAMI FL 33122
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PVST THE RC # 6 FAMILY Limited PARTNERSHIP
1.3 STREET ADDRESS	10491 SW 15 LN # 204
1.4 CITY - ST - ZIP	MIAMI, FL 33174 A96000000825
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT THE RC # 6 FAMILY Limited PARTNERSHIP
2.3 STREET ADDRESS	10491 SW 15 LN # 204
2.4 CITY - ST - ZIP	MIAMI, FL 33174
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICE-PRESIDENT THE RC # 6 FAMILY Limited PARTNERSHIP
3.3 STREET ADDRESS	10491 SW 15 LN # 204
3.4 CITY - ST - ZIP	MIAMI, FL 33174
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER THE RC # 6 FAMILY Limited PARTNERSHIP
4.3 STREET ADDRESS	10491 SW 15 LN # 204
4.4 CITY - ST - ZIP	MIAMI, FL 33174
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SECRETARY THE RC # 6 FAMILY Limited PARTNERSHIP
5.3 STREET ADDRESS	10491 SW 15 LN # 204
5.4 CITY - ST - ZIP	MIAMI, FL 33174
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bank deposit # 225.00
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN CALAS FOR THE RC # 6 FAMILY Limited PARTNERSHIP 6/5/96 305-718-9470

CRCE03/96