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.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED

96 JUN 24 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000080327 (6)**

1. Corporation Name

PHYSICIANS REHAB. CENTER, INC.

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

Mailing Address
2550 N.W. 72ND AVE., STE. 208
MIAMI FL 33122

3. Date Incorporated or Qualified: 10/17/1995
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: The RC #6 FAMILY Limited RUBEN CALAS FOR PARTNERSHIP 6/5/96
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~PVST~~	☒ DELETE
NAME	~~GUTIERREZ, JACKIE~~	
STREET ADDRESS	~~2550 N.W. 72ND AVE., STE. 208~~	
CITY-ST-ZIP	~~MIAMI FL 33122~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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

1.1 TITLE	PVST	☒ Change ☐ Addition
1.2 NAME	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	PRESIDENT	☒ Change ☐ Addition
2.2 NAME	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	VICE-PRESIDENT	☒ Change ☐ Addition
3.2 NAME	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	TREASURER	☒ Change ☐ Addition
4.2 NAME	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	SECRETARY	☒ Change ☐ Addition
5.2 NAME	THE RC #6 FAMILY Limited PARTNERSHIP	
5.3 STREET ADDRESS	10491 SW 15 LN #204	
5.4 CITY-ST-ZIP	MIAMI, FL 33174	☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/24 Bank deposit # 225.00

CR2E034(2/96)

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 the 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 if changed, or on an attachment with an address.

SIGNATURE: FOR THE RC FAMILY Limited PARTNERSHIP. 6/5/96 305-718-9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RUBEN CALAS