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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE RC #6 FAMILY LIMITED PARTNERSHIP
~~10491 SW 15 LN~~
~~#204~~
~~MIAMI FL 33174~~

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) 8357 Flager Street #410
83
City Miami FL 85 Zip Code 33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fl... office or registered agent, or both, in the State of Florida. Such c... agent. I am familiar with, and accept the obligations of, Section ...

SIGNA[illegible]RE
Signature, typed or printed name of registered agent and title if ...

...-named corporation submits this statement for the purpose of changing its registered ...ion's board of directors. I hereby accept the appointment as registered

Jackie Gutierrez 4-28-98
...red Agent signature required when reinstating) DATE

12. OFFICERS AND DIR[illegible]

TITLE	PVST
NAME	THE RC #6 FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	~~10491 SW 15 LN #204~~
CITY-ST-ZIP	~~MIAMI FL 33174~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	PVST
1.2 NAME	Jackie Gutierrez
1.3 STREET ADDRESS	2550 NW 72 Ave #208
1.4 CITY-ST-ZIP	Miami, FL 33122
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2EO[illegible]0/97)

600002553285
-06/17/98--01090--049
***150.00
JV 6-15

14. I hereby certify that the information supplied with this ... indicated on this annual report or supplemental an... officer or director of the corporation or the receiv... Block 12 or Block 13 if changed, or on an attachm... ...alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ...d accurate and that my signature shall have the same legal effect as if made under oath; that I am an ...ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ...

SIGNATURE
Jackie Gutierrez 4-28-98 FIP-9[illegible]