

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

FILED

**Jun 15 1998 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified 10/17/1995	
4. FEI Number 65-0612553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 PARKER STREET #410
83 *MIAMI FL 33144*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statute, as the registered agent, or both, in the State of Florida. Such a change of agent is effective as of the date of this filing.

SIGNATURE *[Signature]*

I, *JACKIE BUTIERREZ*, hereby accept the appointment as registered agent of the above named corporation submits this statement for the purpose of changing its registered agent's board of directors. I hereby accept the appointment as registered agent.

JACKIE BUTIERREZ 4-28-98

MIAMI FL 33144

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PVST	<input type="checkbox"/>
NAME	THE RC #6 FAMILY LIMITED PARTNERSHIP	
STREET ADDRESS	10491 SW 15 LN #204	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PVST	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JACKIE BUTIERREZ		
1.3 STREET ADDRESS	2550 NW 72 AVE # 208		
1.4 CITY-ST-ZIP	MIAMI, FL 33122		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this 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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

JACKIE BUTIERREZ 4-28-98 718-9472

CR2E0-98-01097