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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081437

MIAMI REHABILITATION GROUP, P.A.

Principal Place of Business Mailing Address 747 PONCE DE LEON BLVD. #501 CORAL GABLES FL 33134 747 PONCE DE LEON BLVD. #501 CORAL GABLES FL 33134

FILED 99 APR 26 PH 2: 27

SECRETIFIED OF STATE TALLAHASSEE, FLORDA

04/26/99 90005 026 15000

1 h-											
1				3.	. Date Incorporated or Qualifed						
1							10/24/1995				
2.	Principal Place of Business	2a	, Malling Address			4.	. FEI Number	···	T A	Applied For	
21		26					65-0614643		4	Not Applicable	
	Suite, Apt. #, etc.	1	Suite, Apt. #, etc.					\$8.	75	Additional	
22		27				5.	. Certificate of Status Desired []	F	ee F	Required	
_	City & State	<u> </u>	City & State			6.	Election Campaign Financing	\$5	.00	May Be	
23		28					Trust Fund Contribution			to Fees	
	Zip Country	Ţ	Zip Co	untry		8.	. This corporation owes the current year In-	tarigible			
24	25	29	[30]				Personal Property Tax.	Ye	s	□No	
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
				81	Name					_	
]	MONASTERIO, ENRIQUE MD										
1	747 PONCE DE LEON BLVD. #501	82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
CORAL GABLES FL 33134											
İ	CONTRACTOR OF CONTRACTOR			83							
1				84	City		Fi	85	Zip	Code	
44 Description to providing of September 507 0500 and 507 1500. Elevide Statute, the physical expectation cultotic this chipment for the purpose of charges of the purpose of charges of the purpose of charges of the purpose of the p											
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 egent and Inte # applicable (NOTE: Reyistered Agent signature required when reinstating) DATE											
	ARDITIONIO (ALID DIDECTOR)										

office or r agent. I a	egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, I	s authorized by the corpo Florida Statutes.	oralion's board of directors. I hereby accept the appointment as registered
SIGNATURE			
12.	Signature, typed or printed name of registered egent and true if applicable (NO OFFICERS AND DIRECTORS	TE Registered Agent signature in 13.	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u>,</u>		Change [] Addition
Ι -	1010	12 NAME	Ell and the second seco
NAME	MONASTERIO, ENRIQUE MD		
STREET ADDRESS	747 PONCE DE LEON BLVD. #501	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Libereis	21 TITLE	
NAME		2 2 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP	[] op oze	2 4 CiTY-ST-ZiP	F1 Character F1 August
TITLE	[_] DELETE	3 1 TITLE	Change Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADORESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[] DELETE	41 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
\$TREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CiTY-ST-ZIP	
TITLE	[] DELETE	51 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
OTTY-ST-ZIP		5.4 CITY- ST- ZIP	
TITLE	DELETE	61 TITLE	☐ hange ☐ Addition
NAME		62 NAME	(htt) . 199
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-51-ZIP	- Alan

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 og trustee empowered to execute this report as required by Chapter 607, I forida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR