## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State , , DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000090270 (6)

1. Corporation Name

HEALTHCARE WEST MEDICAL & REHABILITATION CENTER, INC.



	Principal Place of Business		Mailing Address						
	ALM BEACH BLVD.	-	167 ROYAL PALM BE						
ROYAL PALM BEACH FL 33411		,	No the their south of the terms			Date Incorporated or Qualified     11/28/1995	3a. Date of Last Report		
	76	20	Mailing Address			4, FEI Number			Applied For
Principal Plac	e of Business	26	Wasing Address			65-0625	881_		Not Applicable
Suite, Apt. #,	etc.	120	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
Suite, Apr. *.	etc.	27				3. Germent of characters		Fee	Required
City & State			City & State			6. Election Campaign Financing			May Be
ON, 4-4		28				Trust Fund Contribution			ed to Fees
Zip	Country		Zip	Cour	ntry	8. This corporation has liability for	intangible ta ₃	ax under s	199.032.
	25	29		30		Florida Statutes Yes  10. Name and Address of New I		Agent	
	9. Name and Address of Curre	nt Regis	stered Agent		81 Name	10. Name and Address of New	10g.u.o.u		
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ROBINER, RONALD A 1167 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411			82 Street Add		ess (P.O. Box Number is Not Accepta	ble)			
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				Ì	84 City		FL	85 2	Zip Code
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14. I do hereby cort ty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(S)(R). Total district as if made under certify that the information indicated on this annual report or supplemental annual report is true and ancurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report to execute this report as required by Chapter 607. Fiorida Statutes, and that my name oath, that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Fiorida Statutes, and that my name

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96

(407) 793-8640