FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000091188 (9)

1. Corporation Name
UNIVERSAL REHABILITATION CENTERS OF AMERICA, INC

Principal Place of Business	Mailing Address
5613 FUNSTON ST. HOLLYWOOD FL 33023	5613 FUNSTON ST. HOLLYWOOD FL 33023-1927

3. Date Incorporated or Qualified: 11/28/1995
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business	2a. Mailing Address
21 4340 SHERIDAN ST	26 4340 SHERIDAN ST
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 HOLLYWOOD FL	City & State 28 HOLLYWOOD FL
Zip 24 33021 Country 25	Zip 29 33026 Country 30

4. FEI Number: 65-0620179 ☐ 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

LEVINSON, LAWRENCE
5613 FUNSTON ST.
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name: LARRY CHARSON
82 Street Address (P.O. Box Number is Not Acceptable): 4340 SHERIDAN ST #200
83
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: LARRY CHARSON, PRESIDENT / DIRECTOR 3/11/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVINSON, LAWRENCE 5613 FUNSTON ST. HOLLYWOOD FL 33023	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT / DIRECTOR LARRY CHARSON 4340 SHERIDAN ST #200 HOLLYWOOD, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR/SECY LISA DOBROVOSKY 4340 SHERIDAN ST, #200 HLWD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR CLIFFORD BENEZRA, MD 4340 SHERIDAN ST #200 HLWD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR DOUGLAS MOLIN, MD 4340 SHERIDAN ST, #200 HLWD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR WILLIAM WEISMAN 4340 SHERIDAN ST #200 HLWD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: LARRY CHARSON 954-987-7477