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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

### 1997

## DOCUMENT # P95000095952 (4) ALL SOUTHERN CARE REHABILITATION, INC.

Principal Place of Business	Mailing Address
7808 NORTHWEST 71 STREET TAMARAC FL 33321	7808 NORTHWEST 71 STREET TAMARAC FL 33321-8408

# **FILED** Feb 17 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 5.	Principal Place of Business Mailing Address 7808 NORTHWEST 71 STREET 7808 NORTHWEST 71 STREET TAMARAC FL 33321 TAMARAC FL 33321-8408			-				
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Solicy, April 4, etc.    Solicy   Solic	2. Principal P	lace of Business	2a. Mailing Address					Applied For
27   City & State   Cart State   Sta	21		26			65-0628617	10	Not Applicable
City & State    Country   Zip   Country   Zip   Country   R. This comporation in Biability for Interpolite fax under is, 199.032.	22	·	27			5. Certificate of Status Desired		
Zip	City & State	<del>)</del>						
O. Name and Address of Current Registered Agent  THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  343 ALMERIA AVENUE CORAL GABLES FL 33134  TF. Pursuant to the provisions of Sections 507 0502 and 507 1508. Fioritis Statutes, the above-shared Supportation submits this attemment for the purpose of Christophy in the Share of Florida, Suction 607 0505. Florida Statutes, the above-shared Supportation submits this attemment for the purpose of Christophy in the Share of Florida, Suction 607 0505. Florida Statutes, the above-shared Supportation submits this attemment for the purpose of Christophy in the Share of Florida, Suction 607 0505. Florida Statutes  SIGNATURE Supporter specific in principles of Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the supportance of Principles Statutes of Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the Section 607 0505. Florida Statutes  SIGNATURE Statutes Statutes of the Section 607 0505. Florida Statutes  SIGNATURE Statutes Stat		Country		Country		<del></del>		<del></del>
THE LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134  15		<del> </del>	}	⊢ :			· · · · · · · · · · · · · · · · · · ·	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134  182 Street Address (P.d. Box Number is Not Acceptable) 1000   NW 50 ST  11. Pursuant to the provisines 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 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 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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statutes, and the corporation submits this statement for the purpose of changing its registered office or registered directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent and accept the appointment as registered agent, or both, in the State of Florida Statutes.  12. POTE Registered agent and accept the obligations of Section 607,6505, Florida Statutes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. DIRECTOR STATE TO THE ST	24			1301				
11. Pressuant 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 afficiency recipience agent, or both, in this state of Florida, Such change was authorized by the origination'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  SUPPLIED OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  TITLE  PSTD OFFICERS AND DIRECTORS  12. NAME  SIRECT ADDRESS  TOTAL STATE  TAMARAC FL 33321  TOTAL OFFICERS AND DIRECTORS  1.1 SIRECT ADDRESS  CITY-ST-2P  TITLE  DELETE  1.2 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.3 SIRECT ADDRESS  CITY-ST-2P  TITLE  DELETE  4.4 TITLE  Addition  NAME  SIRECT ADDRESS  CITY-ST-2P  TITLE  DELETE  4.4 TITLE  DELETE  4.5 TITLE  DELETE  4.5 TITLE  DELETE  4.5 TITLE  DELETE  5.5 TITLE  DELETE  4.6 TITLE  DELETE  4.6 TITLE  DELETE  5.5 TITLE  DELETE  Addition  Addition  AMME  SIRECT ADDRESS  CITY-ST-2P  TITLE  DELETE  5.5 TITLE  DELETE  Addition  Addition  AMME  SIRECT ADDRESS  CITY-ST-2P  TITLE  DELETE  5.5 TITLE  DELETE  5.5 TITLE  DELETE  5.5 TITLE  DELETE  6.6 STREET ADDRESS  CITY-ST-2P  TITLE  CITY-ST-2P  TITLE  CITY-ST-2P  Addition  Addition  AMME  SIRECT ADDRESS  CITY-ST-2P  TITLE  CITY-ST-2P  TITLE  CITY-ST-2P  Addition  Addition  AMME  SIRECT ADDRESS  CITY-ST-2P  Addition  AMME  SIRECT ADDRESS  CITY-ST-2P  ADDRESS  CITY-ST-2P  AD	343 COF	Almeria avenue Val gables FL 33134		82 Sin 83	eet Addre	iss (P.e. Box Number is Not Accepta	FL 85 Zi	351
TITLE	office or re agent. I a SIGNATURE.	egistered agent, or both, in the State m familiar with, and accept the oblige Stphalure, typed or prohid name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorized by the lorida Statutes.  TE: Registered Agent sig	corporatio	n's board of directors, i hereby acce	pt the appointment a	as registered
NAME   STREET ADDRESS   TAMARAC FL 33321						ADDITIONO OF THE OWNER O	***************************************	
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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 cycloration 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