	PLEASE READ				1 31	ING THIS FORM.	D9.10/2
F	ATION 97	§ Sa	DEPARTME andra B. Mo Secretary of S			相陷	
REINS			SION OF CORPO	IRATIONS		28 AM 10: 00	
DOCUMENT # 195000096397					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
UNIVER	SAL REHAB	SILITAT	E NOI	ENC.			
Principal Place of Business Mailing Address					all	-97,	AD .
SUITE	_ ,	JS HI	- 1		/4	, 4,,,	
2. New Principal C	Office Address, If Applicable	3. New Mailing	Office Address, If		Date Incorp To Do Busin	orated or Qualified ness in Florida	2/95
Suite, Apt. #, etc.		Suite, Apt. #, et	c.		5. FEI Numbe	632338	Applied For Not Applicable
Zip	Country	Zip	Count	ry	6. CERTIFICATI		Additional Fee required Certificate of Status
7. Names and Stre	eet Addresses of Each Officer an	d/or Director (Florid		ations must list at le			
Title(s) and/or Directors 2			3 (Do NOT U	fficer and/or Directo lse Post Office Box	or Numbers)	PORT ST. LU	·
3/5/T M	ARK GROSSI	IANTEN	_		Ave.	FL. 3498	1
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				<u></u>		0. Alyo 0197	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
				Street Address (16854 N Suite, Apt. #, Etc	P.O. Box Number	SHANTEN is Not Acceptable) OOKHAVEN AV	CPZEGAD (12296)
<u> </u>					it. Luc	State 2	34983
10. I, being appoint Signature of Registered Agent	ed the registered agent of the at		ion, am familiar w T MUST SIGN	ith and accept the o	obligations of Section	on 607.0505, F.S.	
11. Does the Dept. o	nis corporation pay f Revenue under S	any intangib . 199.032. F	le tax to th Iorida Stati	e utes. Yes	M) No 8	(See other side to on intangibl	
2. I certify that I am this reinstatement owed by the corp	n an officer or director or the recent application, the reason for diss	eiver or trustee empo solution has been elii names of individual	owered to execute minated, the corpo s listed on this for	this application as porate name satisfies m do not qualify for	provided for in cha the requirements an exemption und	pter 607 or 617, F.S. I further cert of section 607,0401 or 617,0401, ler section 119.07(3)(i), F.S. The	E.S. that all food
3IGNATURE:	Market The Signature and Typed on Pr	INTEO NAME OF SIGN	MARK VING OFFICER OR I	GRUSSHI	ANTEN	7/7/97 561 Date Daytim	-879-7850 e Phone #

Pg.20/2

Universal Rehabilitation, Inc.

7410 South US Highway 1, Suite 304 Port St. Lucie, Florida 34952 Phone (561) 879-7850 Fax (561) 879-3688

August 20, 1997

Florida Department of State Sandra B. Mortham, Secretary of State Division of Corporation P.O. 6327 Tallahassee, FL 32314

Reference: Universal Rehabilitation, Inc. FEI Number 65-0632338

This letter is in reference to the Federal Employee Identification of Universal Rehabilitation, Inc.

A representative of Florida Department of State, Division of Corporation, advised the Corporation to forward this information. Please accept this as a formal request of Corporation Renewals for 1996 and 1997.

Enclosed you will find payments of annual renewal fees for 1996 (check #1536 - \$200.00) and 1997 (check #1537 - \$165.00). In addition, please make note of the change of address as well as the named Officers and Directors. Chairman and President Mark A. Grosshanten.

For the record, the Corporation was originally filed by the assigned Registered Agent Mr. Paul Alfieri, Attorney, of 1100 Lee Wagner Blvd, Suite 327, Fort Lauderdale, Florida 33315 (954) 561-1231 on December 28, 1995.

Apparently, the renewal applications for 1996 and 1997 were sent to Mr. Alfieri's office. Since his office no longer practices the applications were lost. The remaining Directors of the Corporation were not notified of the renewal applications sent to Mr. Alfieri's office and were also not notified of Mr. Alfieri's practice closing.

Your prompt acknowledgment and response to this request is greatly appreciated. If you should have any questions please do not hesitate to contact me at (561) 879-7850.

Sincerely,

Mark A. Grosshanten

Director

MAG/jeg Enclosures