

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

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024365
1. Corporation Name
Recover By Rehab. Inc.

FILED
97 AUG 15 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4340 Sheridan St
Suite 200
Hollywood, FL 33021

Mailing Address

3. Date Incorporated or Qualified 3/19/96	3a. Date of Last Report
4. FEI Number 65-0630487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4340 Sheridan St Suite, Apt. #, etc. 22 Suite 200 City & State 23 Hollywood, FL Zip 24 33021	2a. Mailing Address 26 4340 Sheridan St Suite, Apt. #, etc. 27 Suite 200 City & State 28 Hollywood, FL Zip 29 33021
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9. Name and Address of Current Registered Agent

Lisa Dobrovosky
1521 S.W. 97th Ave
Pembroke Pines, FL 33025

10. Name and Address of New Registered Agent

81 Name Larry Charson	82 Street Address (P.O. Box Number is Not Acceptable) 4340 Sheridan Street	83 Suite 200	84 City Hollywood	85 Zip Code FL 33021
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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 agent and title if applicable

(None. Registered Agent signature required when reinstating)

DATE

7/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Dobrovosky 1521 S.W. 97th Ave Pembroke Pines, FL 33025 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President / Director Larry Charson 4340 Sheridan St Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President / Director Dawnna Rose 4340 Sheridan St. Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary / Treasurer Director Lisa Dobrovosky 4340 Sheridan St Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Dawnna Rose M.D. 4340 Sheridan St Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Barry Stark, CPA 4340 Sheridan St. Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Lewis Nadel 4340 Sheridan St. Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Lisa Dobrovosky

7/16/97

(954) 982-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2012

July 16, 1997

Annual Reports Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

We are enclosing the annual reports for our two subsidiary corporations, United Rehabilitation Corporation of America, Inc., and Recover By Rehab, Inc. These reports were not filed on time because we were under the mistaken impression that when they became subsidiaries of Universal Rehabilitation Centers of America, Inc., individual reports were not required. This belief was furthered by the fact that we did not receive renewal forms for the two corporations. As soon as we were informed of our mistake by our accountant, we requested blank annual reports and are submitting them now.

We are asking that you accept these reports with the normal fee of \$165.00 per report. We are enclosing a check in that amount for each corporation. Thank you for your assistance. If you have any questions, please call me at (954) - 987-7677.

Sincerely,



Larry Charson, President

- Enclosures:
1. Annual Report - Recover By Rehab, Inc.
 2. Annual Report - United Rehabilitation Corporation of America, Inc.
 3. Check for \$165.00 - RBR annual filing fee
 4. Check for \$165.00 - URCA annual filing fee