

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

**FILED**  
**May 19 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 # P96000044536 (6)**  
 1. Corporation Name  
**NORTH MIAMI PHYSICAL REHABILITATION CENTER, INC.**



Principal Place of Business: **1100 N.E. 125TH STREET SUITE 101 NORTH MIAMI FL 33161**

Mailing Address: **1100 N.E. 125TH STREET SUITE 101 NORTH MIAMI FL 33161-5045**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>1100 NE 125th</b>	26	<b>1100 NE 125th</b>	<b>05/20/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FFI Number	Applied For
<b>Suite 100</b>		<b>Suite 100</b>		<b>65-0700614</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
<b>Miami FL 33161</b>		<b>Miami FL 33161</b>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
<b>33161</b>		<b>33161</b>		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>USA</b>		<b>USA</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROSENTHAL, VLADIMIR</b>				81 Name			
<b>1100 N.E. 125TH STREET</b>				82 Street Address (P.O. Box Number is Not Acceptable)			
<b>SUITE 101</b>				83			
<b>NORTH MIAMI FL 33161</b>				84 City			
				<b>FL</b>			
				85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENTHAL, VLADIMIR</b>	1.2 NAME	
STREET ADDRESS	<b>1100 N.E. 125TH STREET, SUITE 108</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VPS</b>	2.1 TITLE	
NAME	<b>ROSENTHAL, MIRA</b>	2.2 NAME	
STREET ADDRESS	<b>1100 N.E. 125TH STREET, SUITE 108</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **Vladimir Rosenthal** 4/27/07 999-90614

CR2E034 (9/96)