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PROFIT CORPORATION ANNUAL REPORT 1997



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

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TALLAHASSEE, FLORIDA

DOCUMENT # P96000055604

1. Corporation Name

United Rehabilitation Corp. of America, Inc.

Principal Place of Business

Mailing Address

3440 Hollywood Blvd.
Hollywood, FL 33021

3. Date Incorporated or Qualified

3a. Date of Last Report

06/28/96

4. FEI Number

Applied For

65-0691881

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

2. Principal Place of Business

2a. Mailing Address

21 4340 Sheridan St.

26 4340 Sheridan St

Suite, Apt. # etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL 33021

Zip

Country

Zip

Country

24 33021

25

29 33021

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Carly M. Green, Esq.
c/o Conroy, Simberg, Lewis & Gannon PA
and Assoc
3440 Hollywood Boulevard
Hollywood, FL 33021

81 Name Larry Chason
82 Street Address (P.O. Box Number is Not Acceptable) 4340 Sheridan St
83 Suite 200
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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(Note: Registered Agent signature required when reinstating)

DATE

Lisa Dobrovosky

7/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Directed ☒ DELETE
NAME Dennis Margaris
STREET ADDRESS 333 Ives Dairy Rd. # N.
CITY-ST-ZIP Miami, FL 33179

11 TITLE President/Secretary/Director ☐ Change ☒ Addition
12 NAME Larry Chason
13 STREET ADDRESS 4340 Sheridan Street #200
14 CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Vice President/Treasurer/Director ☐ Change ☒ Addition
22 NAME Lisa Dobrovosky
23 STREET ADDRESS 4340 Sheridan St #200
24 CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Director ☐ Change ☐ Addition
32 NAME Clifford Ben-Ezra MD
33 STREET ADDRESS 4340 Sheridan St #200
34 CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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) 987-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2082

July 16, 1997

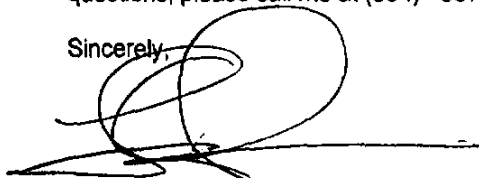
Annual Reports Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

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