


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

FILED
May 27 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P96000057489 (2) 1. Corporation Name: FIRST QUALITY REHABILITATION CENTERS, INC. | | |



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| Principal Place of Business 440 E SAMPLE RD SUITE 101 POMPANO BEACH FL 33064 | Mailing Address 8751 W BROWARD BLVD 100 PLANTATION FL 33324 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|--|
| 3. Date Incorporated or Qualified 07/09/1996 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0679159 | |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent BUTLER, CHRISTINE A 100 NE 3RD AVENUE SUITE 400 FT LAUDERDALE FL 33301 | |
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| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | 440 E SAMPLE RD SUITE 101 | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| CITY - ST - ZIP | POMPANO BEACH FL 33064 | 2.1 TITLE | 2.2 NAME |
| | | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | 440 E SAMPLE RD SUITE 101 | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| CITY - ST - ZIP | POMPANO BEACH FL 33064 | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| CITY - ST - ZIP | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

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14. I 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: *John F. Maloney* *John F. Maloney* 4-7-98 954-382-0300

CR2E034 (10/97)