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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharh

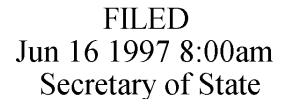
Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9600066026 (1)

FIRST REHABILITATION OF PORT ST. LUCIE, INC.

Principal Place of Business

Mailing Address





9452 SOUTH US 1 9452 SOUTH US 1 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952			1299				
					3. Date incorporated or Qualified 08/05/1996	fied 3a. Date of Last Report	
2. Principal Place of Business 2e. Mailing Address					4. FEL Number		Applied For
27 9476 Sould US 1 26 9488 SI					165-0674852	1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27 27						Fee	Required
City & State	St. Lucie FL	City & State 28 Port St Lucie FC Zip Country			Election Campaign Financing Trust Fund Contribution		
23 Port St. Lucie, FL 28 Port St Zip Country, Zip 24 3495 25 20 3495 2				Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FKRATANI SHAHRIAR 81 Name							
	ATANI, SHAHRIAR	Robert RAPPEL					
9452 SOUTH U.S. 1 82 St					Address (P.O. Box Number is Not Acceptab	lo)	
PORT ST. LUCIE FL 34952					170 INDIAN RIVER	BLVD	
83 Su.					uite - 307	•	
į			84	ti Ca		FL 85 7	p Code 2960-473
11 Pareuppt	to the provider of Sections 607 00.02	and CO7 1609 Elorida Statuto	c the obe	/o Paracri	lero Beach	<u> </u>	2960-978
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 diffice or registered agent, or as the 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 familiation the and accept the abligations of, Section 607.0505, Florida Statutes.							
1 1 1 1 2 7							
SIGNATURE	Semature, typed or printed name of rejistered agen	and title if applicable (NOTE	Registered A	jent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE •	D	☐ DELETE	1.1 THUE		P, VP, S, D, T	☐ Change	Addition
NAME	EKBATANI, SHAHRIAR		1.2 NAME		3, 3, 3, 3,		
STREET ADDRESS	% 9452 SOUTH US 1		1.3 STREE	1 ADDRESS			i
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	DELETE.	14 CITY	S1 - 71P			
TITLE		☐ DELETE	211111			[] Change	e ∐ Addilion [
NAME OFFICE ABOUTOR			2.2 NAME		<u>,</u>		
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY 3.1 TITLE	- 51 - 247		Change	e Addition
NAME		<u> </u>	3.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	-S1 - Z IP			
TITLE		DELFTE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 \$1RE	t address			
CITY-ST-ZIP			4.4 CITY-	S1-ZIP			
TITLE	: !	DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			1611.	2/
STREET ADDRESS			B .	LADDRESS)	K//0//	9/9)
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-	ST-ZIP	The state same same same same same	1141	Addition
NAME		ויין טנינוכ	6.1 TITLE 6.2 NAME		80000221	in ang 4 Tanganga	. LJ AUDRIUH
STREET ADDRESS			1	1 ADDRESS	-06/19/970109	7277UU4	
			1		***165.00		
CITY-ST-ZIP			6.4 CHY -	ST-ZIP			

17-51-2P

1 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 eath; 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.