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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069910 (3)

MEDIA REHAB, INC.

Principal Place of Business

Mailing Address

2929 EAST COMMERCIAL BLVD. #306

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## **FILED** May 14 1997 8:00am Secretary of State



FORT LAUDERDALE FL 33308	FORT LAUDERDALE FL 3	3308-4219					
				3. Date Incorporated or Qualified 08/22/1996	3a. Date	of Last Re	port
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Api	plied For
21 415 S. Providen				23-2860137		Not	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State  23 Media, PA	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip Country 24 19063 25 US	7ip	Cour	ntry	8. This corporation has liability for in	ntangible ta		199.032,
	s of Current Registered Agent	1		10. Name and Address of New Reg	istered Aç	jent	
CORPORATION SERVICE	COMPANY		81 Name C	ONARD K. SAMUELS, ESQ.			
1201 HAYS STREET		-	B2 Street A	ddress (P.O. Box Number is Not Acceptable	lo).		
TALLAHASSEE FL 32301				Northeas: 3rd Avenue,	Suite	400	
			83				
		ŀ	84 City.	7 - 1 1 1		85 Zip £	Code
			Ft.	Lauderdale	FL	333	01
office or registered agent, or both,	ons 607.0502 and 607.1508, Florida Statu in the State of Florida. Such change was optitie obligations on Section 607.0505, Fl	authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of c it the appoi	hanging its ritment as i	s registered registered
SIGNATURE	price obligations on section our todos, in	orida Statt	itos.	January 23, 1	<b>.</b> 997		
Signature typed or printed name of			Agent signature	required when reinstating)	DATE		~ · · · · · · · · · · · · · · · · · · ·
12. OFF	FICERS AND DIRECTORS  DELETE	13. 1.1 10	T	ADDITIONS/CHANGES TO OFFIC		□ Change	S IN 12 Addition
NAME ROSENBERG, RALP							L Madition
STREET ADDRESS 2929 EAST COMME		1.2 NA	MEET ADDRESS				
CORTIALIDEDDALE		1	1				
CITY-ST-ZIP FURI LAUDERDALE	DELETE	21 1/1	Y-S1-7IP			Change	Addition
NAME		2.2 NA			_		
STREET ADDRESS			 KEET ADDRESS				
CITY-ST-ZIP			Y-\$1-ZIP				1
TITLE	DELETE	3.1 111				Change	Addition
NAME		3.2 NA	ME ]				
STREET ADDRESS		3.3 \$16	RLE1 ADDRESS				
CITY-ST-ZIP		3.4 CI	IY-S1-ZIP				
TITLE	DELETE	4.1 7(1	LE.			Change	Addition
NAME		4, 2 NA	.ME				
STREET ADDRESS		43816	KEET ADDRESS				į
City-St-zip		4.4 CIT	Y-ST-ZIP			_,	
TITLE	L DELETE	5.1 TJT	LE		L.	Change	Add:tion
NAME		5.2 NA					
STREET ADDRESS		5 3 STI	REET ADDRESS				
CITY-ST-ZIP	The second	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y-ST-ZIP			<del></del>	
TITLE	☐ DELETE	61117	- ì		L	Change	Addition
NAME		62 NA					
STREET ADDRESS			REET ADDRESS				
CITY-ST-ZIP		6 4 CH	Y-SI-ZIP				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 trueton empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attacking with an activess.