

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P96000094049 (9)

1. Corporation Name
BRYN MAWR REHAB. INC.

Principal Place of Business
2929 EAST COMMERCIAL BLVD
SUITE 308
FORT LAUDERDALE FL 33308

Mailing Address
2929 EAST COMMERCIAL BLVD
SUITE 308
FORT LAUDERDALE FL 33308-4219



| | | | | | | | |
|---|--|---|--|--|--|--------------------------------|--|
| 2. Principal Place of Business 21 101 Bryn Mawr Ave. 22 Suite 330 23 Bryn Mawr, PA 24 Zip 19010 25 Country USA | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 11/18/1996 | | 3a. Date of Last Report | |
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 10. Name and Address of New Registered Agent 81 Name LEONARD K. SAMUELS, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 100 Northeast 3rd Avenue, Suite 400 83 84 City Ft. Lauderdale FL 85 Zip Code 33301 | | 4. FEI Number 58-2300017 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 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 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |

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

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

(NOTE: Registered Agent signature required when reinstating)

January 23, 1997

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | D | 11 TITLE | |
| NAME | ROSENBERG, RALPH | 12 NAME | |
| STREET ADDRESS | 2929 EAST COMMERCIAL BLVD, STE 308 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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

4-1-9-97

954-938-3330

CR2E034 (9/96)