

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000095267 (6)

1. Corporation Name
HIALEAH REHAB CENTER, INC.

Principal Place of Business
1562 W. 68TH ST.
HIALEAH FL 33014

Mailing Address
1562 W. 68TH ST.
HIALEAH FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report
4. FEI Number 65-0720259	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business 21 5968 W 20 AVE Suite, Apt. #, etc. 22 HIALEAH, FL. City & State 23 Zip 24 33014 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 HIALEAH, FL. Zip 29 33014 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent PEREZ, ARMANDO A 1562 W. 68TH ST. HIALEAH FL 33014	10. Name and Address of New Registered Agent 81 Name ARMANDO A. PEREZ 82 Street Address (P.O. Box Number is Not Acceptable) 5968 W 20 AVE 83 84 City HIALEAH FL 85 Zip Code 33014
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ARMANDO A	1.2 NAME	
STREET ADDRESS	14840 HARRIS PL.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL 33014	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, ERNESTO C	2.2 NAME	
STREET ADDRESS	7600 W. 15TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33014	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSCO, JOSE M	3.2 NAME	
STREET ADDRESS	3502 S.W. 28TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in 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, 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, on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/15/97 (205) 362-7717

APPROVED
AND
FILED

1997 JUL 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20192

CR2E034 (4/97)

pg 2 of 2

HIALEAH REHAB CENTER
5968 WEST 20 AVE
HIALEAH, FL 33016
PH: 305-362-7262
FAX: 305-826-0047

JULY/14/1997

FLORIDA DEPT OF STATE
ATT: SANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314.

DEAR: SANDRA B. MORTHAM, WE WRITE THIS LETTER TO
INFORM YOU THAT WE NEVER RECEIVED THE FIRST LETTER.
IF YOU HAVE ANY QUESTION ABOUT THIS NOTICE OR THE ACTIONS WE
HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE.



SINCERELY;
ARMANDO PEREZ

PRESIDENT