

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000099338 (1)**

1. Corporation Name  
**GOLDEN REHAB, INC.**



Principal Place of Business <b>1851 NORTHWEST 17 AVENUE MIAMI FL 33125</b>	Mailing Address <b>1851 NORTHWEST 17 AVENUE MIAMI FL 33125-1547</b>
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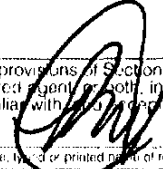
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/09/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>650713771</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name <b>Ray Rodriguez</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1951 NW 17 Ave</b>
83. City <b>Miami</b>
84. State <b>FL</b>
85. Zip Code <b>33125</b>

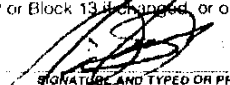
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4/22/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>PSTD</b>	NAME <b>VELEZ, JESUS J</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1851 NORTHWEST 17 AVENUE</b>	CITY-STATE-ZIP <b>MIAMI FL 33125</b>	
TITLE <b>V</b>	NAME <b>RODRIGUEZ, RAY</b>	<input type="checkbox"/>
STREET ADDRESS <b>1851 NORTHWEST 17 AVENUE</b>	CITY-STATE-ZIP <b>MIAMI FL 33125</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>PSTD</b>	1.2 NAME <b>Hermes Perez</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>12323 SW 27 St.</b>	1.4 CITY-STATE-ZIP <b>Miami FL 33175</b>		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-STATE-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:  **PSTD** DATE: **4/22/97**

CR2E034 (9/96)