

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90002 049 ***450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101860

1. Corporation Name
SENIOR CARE REHAB., INC.

Principal Place of Business 311 PARK PLACE BLVD., SUITE 225 CLEARWATER FL 34619 PARK PLACE of Clearwater 2750 Drew St Clearwater, FL 33759	Mailing Address 311 PARK PLACE BLVD., SUITE 225 CLEARWATER FL 34619 P.O. Box 4340 Clearwater, FL 33758-4340
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 01/01/1997	4. FEI Number 59-3425421	Applied For <input type="checkbox"/> Not Applicable
23. Certificate of Status Desired <input type="checkbox"/>	24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	5. Additional Fee Required \$8.75		
25. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. May Be Added to Fees \$5.00		

9. Name and Address of Current Registered Agent PIAZZA, JOHN J JR 311 PARK PLACE BLVD., SUITE 225 CLEARWATER FL 34619	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 *Tenna Lang* (NOTE: Registered Agent signature required when reinstating) DATE **4-26-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIAZZA, JOHN J JR	1.2 NAME	PROG. TENNA LANG
STREET ADDRESS	311 PARK PLACE BLVD., SUITE 225	1.3 STREET ADDRESS	2750 DREW ST #126
CITY-ST-ZIP	CLEARWATER FL 33759	1.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, SR J J	2.2 NAME	
STREET ADDRESS	311 PARK PL BLVD, STE 225	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, S A	3.2 NAME	
STREET ADDRESS	311 PARK PL BLVD, STE 225	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINI, V J	4.2 NAME	
STREET ADDRESS	311 PARK PL BLVD, STE 225	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECAMELLA, D	5.2 NAME	
STREET ADDRESS	311 PARK PL BLVD, STE 225	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, R A	6.2 NAME	
STREET ADDRESS	311 PARK PL BLVD, STE 225	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	6.4 CITY-ST-ZIP	

14. I 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tenna Lang* DATE: **4-26-99** DAYTIME PHONE #: **727-791-9893**

CR2E034 (11/98)