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Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000104402

1. Corporation Name
Therapeutic Rehabilitation Centers II, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 12/24/96
3a. Date of Last Report: 12/24/96

2. Principal Place of Business
21 6300 W. Lantana Road
Suite, Apt. #, etc.: 22 Suite 29-30
City & State: 23 Lake Worth, Florida
Zip: 24 33463 Country: 25 USA

2a. Mailing Address
26 P.O. Box 696
Suite, Apt. #, etc.: 27
City & State: 28 Ft. Lauderdale, Florida
Zip: 29 33302-0696 Country: 30 USA

4. FEI Number: 65-0727429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX ☐ No

9. Name and Address of Current Registered Agent

Gregory A. Martin
100 N. Biscayne Boulevard, Suite #601
Miami, FL 33132

10. Name and Address of New Registered Agent

81 Name: George J. Baraque
82 Street Address (P.O. Box Number is Not Acceptable): 855 East 10th Avenue
83
84 City: Hialeah FL 85 Zip Code: 33010-4645

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] 12/1/97
Signature of person or corporation named as registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D L. David Smith 100 N. Biscayne Boulevard, Suite #601 Miami, Florida 33132	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Martin Tschanz 6300 W. Lantana Road, Suite #30 Lake Worth, Florida 33463	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition SS 2/10/98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500002426715 -02/10/98--01060--012 ***150.00	☐ Change ☐ Addition

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: X [signature] 12.17.97 954-565-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #