SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name P97000009278 (7)

ADVANCED REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

510 NW 207TH AVE. PEMBROKE PINES FL 33029

SIGNATURE:

510 NW 207TH AVE. PEMBROKE PINES FL 33029

01/29/1997

3. Date Incorporated or Qualified

7/1/18

FILED Jul 16 1998 8:00am * Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal P	face of Business	2a. Mailing Ad	dress			4. FEI Number Applied F	Or	
21 8410	W. FLAGLER St.	26				45-0721758 Not Appli		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State			te			6. Election Campaign Financing \$5.00 May Be		
23 MiA		28 		Couples		Trust Fund Contribution LJ Added to Fees		
24 33144 25 VSA 29 30				Country 30	Personal Property Tax due June 30. V Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
HERNANDEZ, JANNY				81	Name			
PEMBROKE PINES FL 33029				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				B3	B3			
				84	City	FI 85 Zip Code		
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 a	am famil iar with, and accept the obligati	ons of, section 60	7.0505, Flo	rida Statutes	тив согроган 5.	on's board of offectors. Thereby accept the appointment as registered	1	
SIGNATURE							_	
<u></u>	Signalure, typed or printed name of registered agent a		(NO		gent signature req	uired when reinstating) DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
l	D HERMANDET HANNIN	الــا	DELETE	1.1 TITLE		Change Ad	ddition	
NAME	HERNANDEZ, JANNY			1.2 NAME			ł	
STREET ADDRESS	510 NW 207TH AVE.			1.3 STREET			-	
CITY-ST-ZIP	PEMBROKE PINES FL 33029			1.4 CITY-ST	-ZIP			
TITLE			DELETE	2.1 TITLE	,	Change Ad	ddition	
NAME	•			2.2 NAME	1000000			
STREET ADDRESS				2.3 STREET	1		1	
CITY-ST-ZIP TITLE		г		2.4 CITY-ST 3.1 TITLE	-ZIP			
NAME		الما	DELETE	3.2 NAME		L Change Ac	ddition	
STREET ADORESS				3.3 STREET	ADDRESO			
				1			¥	
CITY-ST-ZIP			DELETE	3.4 CITY-ST- 4.1 TITLE	-ZIP	Change A	adilia a	
NAME		الـــــ	DECETE	4.2 NAME		Criange Ad	KILION	
STREET ADDRESS				4.3 STREET	ADORESS			
CITY-ST-ZIP				4.4 CITY-ST				
TITLE			DELETE	5.1 TITLE	===	Change Ad	dition	
NAME		. لـــا		5.2 NAME	j	Similar Pi		
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5,4 CITY-ST	-ZiP			
TITLE		<u></u>	DELETE	6.1 TITLE		Change Ac	ddition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-				
14. I hereby ce indicated o an officer o in Block 12	ortify that the information supplied with the in this annual report or supplemental are or director of the corporation or the receiver of blook 13 if changed, or oh an attention	his filing does not contain all report is true liver for trustee em	qualify for the and accura powered to ress.	e exemption ate and that execute this	stated in sec my signature report as rec	tion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statutes; and that my name appears		