

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000022135 (2)</b> 1. Corporation Name <b>WHITE CROSS REHABILITATION CENTERS, INC.</b>			
Principal Place of Business <b>14366 S.W. 97TH TERRACE MIAMI FL 33186</b>		Mailing Address <b>14366 S.W. 97TH TERRACE MIAMI FL 33186</b>	
2. Principal Place of Business 21 <b>2500 Douglas Road</b> Suite, Apt. #, etc. 22 City & State 23 <b>Coral Gables FL</b> Zip 24 <b>33134</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 <b>Same</b> Zip 29 Country 30	
9. Name and Address of Current Registered Agent <b>AGUILERA, MAGALA A 14366 S.W. 97TH TERRACE MIAMI FL 33186</b>		10. Name and Address of New Registered Agent 81 Name <b>AGUILERA MAGALY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2500 Douglas Road</b> 83 <b>Coral Gables</b> 84 City <b>Florida</b> FL 85 Zip Code <b>33134</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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>President</b> <input type="checkbox"/> DELETE NAME <b>MAGALY AGUILERA</b> STREET ADDRESS <b>2500 Douglas Road</b> CITY-ST-ZIP <b>Coral Gables FL 33134</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 if changed, or on an attachment with an address. SIGNATURE <i>[Signature]</i>			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/04/1997</b>	
4. FEI Number <b>68-0731940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)