


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

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Feb 05 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 # P97000023227 (6) 1. Corporation Name HIALEAH PHYSICAL THERAPY CENTER, INC.					
Principal Place of Business 219 E. 8TH AVENUE HIALEAH FL			Mailing Address 219 E. 8TH AVENUE HIALEAH FL		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 219 E. 8 AVENUE Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FL 24 Zip 33010 25 Country		2a. Mailing Address 26 219 E. 8 AVENUE Suite, Apt. #, etc. 27 City & State 28 HIALEAH, FL 29 Zip 33010 30 Country		3. Date Incorporated or Qualified 03/14/1997 4. FEI Number 65-0733340 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PEREZ-GURRI, JORGE 5915 PONCE DE LEON BLVD. SUITE 12 CORAL GABLES FL 33146			10. Name and Address of New Registered Agent 81 Name PEREZ-GURRI, DIANE 82 Street Address (P.O. Box Number is Not Acceptable) 219 E. 8 AVENUE 83 84 City HIALEAH FL 85 Zip Code 33010		
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>Diane Perez-Gurri</i> DIANE PEREZ-GURRI 1/30/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME PEREZ-GURRI, DIANE STREET ADDRESS 219 E. 8TH AVENUE CITY-ST-ZIP HIALEAH FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PEREZ-GURRI, DIANE 1.3 STREET ADDRESS 219 E. 8 AVENUE 1.4 CITY-ST-ZIP HIALEAH, FL 33010 2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME SIERRA, TERESITA 2.3 STREET ADDRESS 5511 SARDINIA STREET 2.4 CITY-ST-ZIP CORAL GABLES, FL 33146 3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SUAREZ, ORLANDO 3.3 STREET ADDRESS 8977 S.W. 28 STREET 3.4 CITY-ST-ZIP MIAMI, FL 33165 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: *Diane Perez-Gurri* DIANE PEREZ-GURRI 1/30/98 (305)883-1144

CR2E034 (10/97)