Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90136 002 ***150.00

PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024208

1. Corporation Name

MIAMI PHYSICAL REHABILITATION CENTER, INC.

-					
Principal Place	e of Business	Mailing Address		I INTIINDE II & INTII INDIE TOTEL NESTI ANIII NEL	IN 11815 G1818 11811 49181 1811 1891
1100 N.E. 125TH STREET		80 PALM AVE.			
SUITE 101		PALM ISLAND		DO NOT WRITE IN THI	e enace
NORTH MIAM! FL 33161		MIAMI BCH. FL 33139		Date Incorporated or Qualifed	S SPACE
				03/12/1997	
2 Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 21	iace of Busilioss	26 3250 S. DI	XIE HWY		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*12 ·· wp	_	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 MIAMI, FL.		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country U.S.A.	8. This corporation owes the current year I	ntangible MaYes ⊡No
24	9. Name and Address of Current	29 33133 30) U.S.H.	Personal Property Tax. 10. Name and Address of New Registere	
	5. Name and Address of Culterit	Kadista an Water	81 Name	Haine and Addition of Hotel Hogisters	
DOSENITUAL W ADMAID					
1100 N.E. 125TH STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUITE 101 ADDRESS 83					
NOP	rth Miami FL 33161	CHANGE			as Zin Code
	•	•	84 City	ımı F	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROSENTHAL, VLADIMIR		1.2 NAME	برياد مستجم سمي	
STREET ADDRESS	80 PALM AVE. PALM ISLAND		1.3 STREET ADDRESS	3250 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI BEACH FL 33139			MIAMI, FL. 33133	E OL
TITLE	·	☐ DELETE	2.1 TITLE		Change Addition
NAME			, 2.2 NAME		Yes.
STREET ADDRESS		1	2.3 STREET ADDRESS	سندو يهدمون سيدون	
CITY-ST-ZIP		□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		□ netetr	3.1 IIILE 3.2 NAME		٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			3.2 NAME 3.3 STREET ADDRESS		}
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	a management of the second of	☐ Change ☐ Addition
NAME	,		4. 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		{
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u>:</u>
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS	•	,
CITY-ST-ZIP	<u> </u>	·	5.4 CITY-ST-ZIP		
TITI F		□ DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP