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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000026976**

1. Corporation Name

**CONTINUECARE OUTPATIENT REHABILITATION MANAGEMENET, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 100 S.E. 2ND STREET<br>36TH FLOOR<br>MIAMI FL 33131 | 100 S.E. 2ND STREET<br>36TH FLOOR<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1997**

4. FEI Number: **65-0748277** [ ] 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. Does Corporation owe the current year Intangible Personal Property Tax [ ] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

9. Name and Address of Current Registered Agent

**TARBE, SUSAN ESQ.**
**100 S.E. 2ND STREET**
**36TH FLOOR**
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: UCC Filing & Search Services, Inc.
82 Street Address (P.O. Box Number Not Acceptable): 526 East Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32301-2551

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: Ed Hand Pres. 4/30/99
Signature, typed or printed name of registered agent and title of officer (NOTE: Required if agent is changing) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | [X] DELETE | 11 TITLE | [ ] Change [X] Add |
| NAME | BALDWIN, STEVEN J | | 12 NAME | Charles M. Fernandez |
| STREET ADDRESS | 100 S.E. 2ND STREET 36TH FLOOR | | 13 STREET ADDRESS | 100 S.E. 2nd St. 36th Floor |
| CITY-ST-ZIP | MIAMI FL 33131 | | 14 CITY-ST-ZIP | Miami, FL 33131 |
| TITLE | | [ ] DELETE | 21 TITLE | Secretary-General Counsel [ ] Change [X] Add |
| NAME | | | 22 NAME | Susan Tarbe |
| STREET ADDRESS | | | 23 STREET ADDRESS | 100 S.E. 2nd St. 36th Floor |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP | Miami, Fla 33131 |
| TITLE | | [ ] DELETE | 31 TITLE | T [ ] Change [X] Add |
| NAME | | | 32 NAME | Bruce Altman |
| STREET ADDRESS | | | 33 STREET ADDRESS | 100 S.E. 2nd St. 36th Floor |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | Miami, Fla 33131 |
| TITLE | | [ ] DELETE | 41 TITLE | [ ] Change [ ] Add |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 51 TITLE | [ ] Change [ ] Add |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Add |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

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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.

**SIGNATURE:** Susan Tarbe 4/29/99 (305) 350 7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
Secretary - General Counsel

CR2E034 (11/98)