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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000034838 (7)

DOVE REHAB, INC.

Principal Place of Business	Mailing Address
3588 MAIN HIGHWAY	3588 MAIN HIGHWAY
MIAMI FL 33133	MIAMI FL 33133

FILED Apr 17 1998 8:00am Secretary of State



Surie, Apt. e, etc. Surie, Apt. e, etc.		cipal i lace of busines	33	Maning Address										
2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 3. Date Incorporated 3. Date Incorporated 3. Date Incorporated 3. Date	2114			·	VAY									
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Appl Appl Sulta Apt 4, etc. 26 Sulta Apt 4, etc. 5. Certificate of Status Desired \$8.75 a. Added to 22 27 5. Certificate of Status Desired \$8.75 a. Added to 29 27 28 5. Certificate of Status Desired \$8.75 a. Added to 29 29 29 20 20 20 20 20	MIA	AMI PL 33133		MIAMI PL 33133						DO N	OT WRITE	IN THIS	SPACE	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Appl Appl Sulta Apt 4, etc. 26 Sulta Apt 4, etc. 5. Certificate of Status Desired \$8.75 a. Added to 22 27 5. Certificate of Status Desired \$8.75 a. Added to 29 27 28 5. Certificate of Status Desired \$8.75 a. Added to 29 29 29 20 20 20 20 20								3.	Date Incor	porated or (Qualified	·····		
2. Principal Place of Business 2. Mailing Address 4. FEI Number April Not.														
Sulle, Apt. #, etc.	2. P	Principal Place of Busi	ness	2a Mailing Addre	98									Applied For
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 6, etc.		villopai i lace oi basi		h1				"			1083	ì.	-	Not Applicable
City & State Ci		Suite Ant # etc			ato				0.2	2 - 0 (3	1 0 0		607	
Zip	22			27	,io.			5.	Certificate	of Status De	esired		•	Required
Zip		City & State		City & State							•			0 May Be
29			1				,		Trust Fund	Contributio	n	<u> </u>	Add	d to Fees
PICARDO, ANNETTE S 3588 MAIN HIGHWAY MIAMI FL 33133 82 Street Address (P.O. Box Number is Not Acceptable) 83 Main Highway MIAMI FL 33133 84 City 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 range was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, inject or preted name of registered agent and tele if applicable [NOTE: Registered Agent algorithm for the purpose of changing its range was authorized by the corporation's board of directors. I hereby accept the appointment as re agent a main remaining in the provision of the preted name of registered agent and tele if applicable [NOTE: Registered Agent algorithm for the purpose of changing its range was authorized by the corporation's board of directors. I hereby accept the appointment as re agent a main remaining in the provision's board of directors. I hereby accept the appointment as re agent a lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE [OFFICERS AND DIRECTORS] 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE [DELETE] 13. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 15. ADDRESS 16. ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 18. ADDRESS 19. ADDRESS 19. ADDRESS 19. ADRESS 19.		ZIP		<u></u>		ountry		l l				_	_	
PICARDO, ANNETTE S 3588 MAIN HIGHWAY MIAMI FL 33133 84	24				30									No No
Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Co 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 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 reagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or prated name of inspire and and tic if applicable (NOTE Registered Agent A		·		nt Registered Agent		-		10.	Name and	Address o	T New He	gisterea	Agent	
MIAMI FL 33133 83 84						81	Name							
83						82	Street #	Address (P.	.O. Box Nu	mber is Not	Acceptat	ole)		
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preted name of registered agent and tick-thappiculate (NOTE, Regettered Agent signature required when reinstating) DATE		MIAMI FL 331	133											
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE NAME 12. NAME 12. NAME 13. STREET ADDRESS 14. CITY-51-ZIP 14. CITY-51-ZIP TITLE DELETE 15. TITLE DELETE 16. Change						83								
TILE DELETE 1.1 TILE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.5 STREET ADDRESS CITY-ST-ZIP 1.5 S						84	City		· · · · · · · · · · · · · · · · · · ·				85 Z	ip Code
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as re agent. Lem familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Signature trapitation Signature trapitation														
SIGNATURE Signature, typed or preted name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstairing) DATE	11.	Pursuant to the provis	sions of Sections 607.050	02 and 607 1508, Florida of Florida, Such chang	s Statutes, the	above ad by	e-named	corporation	n submits th	nis statemer ectors. I ber	it for the p	ourpose of	changin cintment	g its registered as registered
Signature, typed or present agent and stire it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ì	agent. I am familiar v	th, and accept the oblig	ations of Section 607.0	505, Florida Si	tatutes	i	poration o b	oara or and	501010. 1 1101	oby acce,	pr mo app	OII II II II II II	ao registeres
Signature, typed or present agent and stire it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGN	NATURE												
TITLE	0.0.	Signature, type	d or printed name of registered ag	ont and title if applicable.	(NOTE: Registe	ored Age	nt signature							
NAME	12.		OFFICERS AN			3.		A	ADDITIONS	CHANGES	TO OFFIC	CERS AND		
13 STREET ADDRESS 14 CITY-ST-ZIP	TITLE			[] DELI	ETE 1.1	TITLE	i	PROSI	Df~r/	286 KM	my		Chang	e 🗚 Additio
13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP	NAME	E			1.2	NAME	Ì	ANNET	rrt 1	PICHAI	(ca)			
DELETE	STREET	ET ADDRESS			1.3	STREET	ADDRESS	3588	MATA	Huy	•			
NAME	CITY-S	·ST-ZIP			1.4	CITY-S	T-ZIP	MIA	m. , 7	33/2	3 3			
STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change				☐ DELI	ETE 2.1	TITLE				····			Chang	e Additio
CITY-ST-ZIP	NAME	E			22	NAME								
CITY-ST-ZIP	STREE	ET ADDRESS			23	STREET	ADDRESS					<u>,</u>		
TITLE DELETE 31 TITLE Change NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change							- 1					,		
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change				☐ DELI			1.2						Chang	e Additio
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP 34. CITY-ST-ZIP Change														
CRTY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change							ADDRESS	I						
TITLE DELETE 4.1 TITLE Change Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE	NAME	-												
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	NAME STREET	. CT., 7IP												
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	NAME STREET CITY-S		· · · · · · · · · · · · · · · · · · ·	DELL	3.4	I. CITY-S			· · · · · ·				Chann	e Additio
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	NAME STREET CITY-S TITLE			☐ DELI	3.4 ETE 4.1	I. CITY-S							☐ Chang	e 🔲 Additio
TITLE DELETE 5.1 TITLE Change	NAME STREET CITY-S TITLE NAME			☐ DELI	3.4 ETE 4.1 4.2	I. CITY-S TITLE 2 NAME	T-21P						☐ Chang	e 🔲 Additio
	NAME STREET CITY-S TITLE NAME STREET	E Et address		☐ DELI	34 ETE 4.1 4.2 4.3	I. CITY-S TITLE 2 NAME I STREET	it-zip Address						☐ Chang	e 🔲 Additio
NAME 5.2 NAME	NAME STREET CITY-S TITLE NAME STREET CITY-S	E Et address -St-zip		_	34 ETE 4.1 4.2 4.3	I. CITY-S TITLE 2 NAME I STREET I CITY-S	it-zip Address		,					_
ARABO INAUGA	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	E ET ADDRESS -ST-ZIP		_	34 FTE 4.1 4.2 4.3 4.4 ETE 5.1	TITLE NAME STREET CITY-S TITLE	it-zip Address							_
STREET ADDRESS 5.3 STREET ADDRESS	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	E ADDRESS		_	34 FTE 4.1 4.2 4.3 4.4 ETE 5.1 5.2	I. CITY-S TITLE 2 NAME STREET CITY-S TITLE	T-ZIP ADDRESS T-ZIP							_
CITY-ST-ZIP 5.4 CITY-ST-ZIP	NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET	E ET ADDRESS		_	34 ETE 4.1 4.2 4.3 4.4 ETE 5.1 5.2	I. CITY-S THILE 2 NAME I STREET CITY-S TITLE NAME I STREET	ADDRESS 1-ZIP ADDRESS							_
TITLE DELETE 6.1 TITLE Change	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	E ET ADDRESS		□ DELI	34 ETE 4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.3 5.4	THE STREET CITY-S NAME NAME STREET CITY-S NAME CITY-S	ADDRESS 1-ZIP ADDRESS						☐ Chang	e Additio
NAME 6.2 NAME	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	E ET ADDRESS		□ DELI	34 ETE 4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.3 5.4	THE STREET CITY-S NAME NAME STREET CITY-S NAME CITY-S	ADDRESS 1-ZIP ADDRESS							e Additio
STREET ADDRESS 6.3 STREET ADDRESS	NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS		□ DELI	3.4 ETE 4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.3 5.4 ETE 6.1	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS 1-ZIP ADDRESS						☐ Chang	e Additio
CITY-ST-ZIP 5.4 CITY-ST-ZIP	NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME NAME	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		□ DELI	344 4.2 4.3 4.4 4.7 5.1 5.2 5.3 5.4 ETE 6.1	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP					,	☐ Chang	e Additio

14. Thereby 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.