

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035300 (7)
 1. Corporation Name
LUBBOCK REHAB, INC.



Principal Place of Business 2929 E. COMMERCIAL BLVD., STE 306 FT. LAUDERDALE FL 33308	Mailing Address 2929 E. COMMERCIAL BLVD., STE. 306 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2431 South Loop 289 Suite, Apt. #, etc.		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/21/1997	
22 City & State 23 Lubbock, Texas		27 City & State 28		4. FEI Number 65-0754909 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 79423		25 Country Lubbock		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 79423		30 Country Lubbock		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
				81 Name LEONARD K. SAMUELS, ESQ.			
				82 Street Address (P.O. Box Number is Not Acceptable) BERGER DAVIS & SINGERMAN			
				83 100 N.E. 3RD AVE., #400			
				84 City FORT LAUDERDALE FL			
				85 Zip Code 33301			

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 *Leonard K. Samuels* DATE **3/30/98**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSENBERG, RALPH		1.2 NAME	
STREET ADDRESS 2929 E. COMMERCIAL BLVD., STE. 306		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE V, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME GREEN, MATTHEW H.	
STREET ADDRESS		2.3 STREET ADDRESS 2929 E. COMMERCIAL BLVD., #306	
CITY-ST-ZIP		2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **4-11-98 9:56-938-2771**

CR2E034 (10/97)