

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997B		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PG7000047538**
1. Corporation Name:
**ADVANCED THERAPEUTICS
REHABILITATION CENTER, Inc.**

Principal Place of Business Mailing Address
**4287 SALISBURY RD (SAME)
SUITE 106
JACKSONVILLE, FL 32216**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 59-3451343 5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LISA SHOCK 4287 SALISBURY RD. SUITE 106 JACKSONVILLE, FL 32216	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **Lisa Shock** DATE **4/27/98**
Signature typed or printed name of registered agent or director (NOT: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE NAME PRESIDENT STREET ADDRESS LISA SHOCK CITY-ST-ZIP 4287 SALISBURY RD, SUITE 106 JACKSONVILLE, FL 32216 11 TITLE <input type="checkbox"/> DELETE NAME MICHAEL PORTER STREET ADDRESS 4287 SALISBURY RD, SUITE 106 JACKSONVILLE, FL 32216 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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14. I do 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: **Lisa Shock** DATE: **4/20/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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