

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

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PROFIT CORPORATION ANNUAL REPORT
1999 AR
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 MAR 29 AM 8:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 97000048535
 1. Corporation Name **Two Gs of Broward Inc.**

Principal Place of Business Mailing Address
Two Gs of Broward Inc
D1B1A University Rehabilitation Center
4300 N University Drive Suite A100
Lauderhill, Fla. 33351

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
June 2, 1997
 4. FEI Number
650775782
 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
 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
Saul Greenfield 710 University
4300 N. University Drive Rehabilitation
Lauderhill Fl. 33351 Center Suite A100

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

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 **Saul Greenfield** DATE **2/2/99**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Director Secretary <input type="checkbox"/> DELETE
NAME	Saul Greenfield
STREET ADDRESS	220 Poinciana Is. Dr.
CITY-ST-ZIP	Lauderhill Sunny Isle Fl. 33160
TITLE	Director <input type="checkbox"/> DELETE
NAME	Howard Skibinsky
STREET ADDRESS	1965 S. Ocean Drive
CITY-ST-ZIP	Hollywood Fl. 33309
TITLE	President <input type="checkbox"/> DELETE
NAME	Arline Goldstein
STREET ADDRESS	220 Poinciana Is. Drive
CITY-ST-ZIP	Sunny Isle Fl. 33160
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	500002840485--8
13 STREET ADDRESS	-04/15/99--01092--001
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	500002840485--8
23 STREET ADDRESS	-04/15/99--01092--002
24 CITY-ST-ZIP	****150.00 ****150.00
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	

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: **Arline Goldstein** President **Arline Goldstein**

UNIVERSITY REHABILITATION CENTER
Physical Therapy • Speech Therapy • Occupational Therapy

4300 University Drive • Bldg. A 100-101
Lauderhill, Florida 33351
Tel. (954) 748-5775 • Fax (954) 748-3289

March 15, 1999

Florida Dept of State.

Ref: Number P97000048535.

Gentlemen:

The reason our annual report was not filed at the correct time was that our lawyer Jerome Goldman, moved his place of business from 2200 Federal Highway, Hollywood to a new office in Hallendale. His mail was supposed to be transferred to same. He never transferred our corporation papers to the above address which is our business. He claims he never received the renewal in the mail and neither did we, receive any renewal notice.. I wrote to you about this several months ago, and they told me to mail two checks for \$150.00 each for the years 1998 and 1999. which I



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(3)

am enclosing at this time again.

I hope this will clear whatever we have to do to reinstate the Two G's of Broward Corporation papers.

We do business as University Rehabilitation Center.

Thank you for giving this your immediate attention.

Sincerely yours

Arlene Goldstem Pres.