

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

FILED
May 01 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 # P97000049042 (9)

1. Corporation Name

SENIOR REHAB, INC.

Principal Place of Business

311 PARK PLACE BLVD., #230
CLEARWATER FL 34619

Mailing Address

311 PARK PLACE BLVD., #230
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 16120 U.S. 19 North		05/29/1997	
22 City & State		27 Suite 135		4. FEI Number	
23 Zip		28 Clearwater, Florida		59-3425421	
24 Country		29 33764		Applied For	
		30 U.S.A.		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. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				Yes No	

9. Name and Address of Current Registered Agent

PIAZZA, JOHN J
311 PARK PLACE BLVD., #230
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name	John J. Piazza, Jr. President
82 Street Address (P.O. Box Number is Not Acceptable)	16120 U.S. 19 North
83 Suite	Suite 135
84 City	Clearwater
85 Zip Code	FL 33764

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice President	1.1 TITLE	Director
NAME	Lori Cohen	1.2 NAME	John J. Piazza, Sr.
STREET ADDRESS	16120 U.S. 19 North, Suite 135	1.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP	Clearwater, FL 33764	1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		2.1 TITLE	President & Director
NAME		2.2 NAME	John J. Piazza, Jr.
STREET ADDRESS		2.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		3.1 TITLE	V-P & Director
NAME		3.2 NAME	Steven A. Piazza
STREET ADDRESS		3.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		4.1 TITLE	V-P, Director
NAME		4.2 NAME	Vincent J. Lentini
STREET ADDRESS		4.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		5.1 TITLE	Secretary
NAME		5.2 NAME	Rita A. Lombardi
STREET ADDRESS		5.3 STREET ADDRESS	311 Park Place Blvd., Ste. 225
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE		6.1 TITLE	
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:

Rita A. Lombardi 4/24/98 (813) 726-2310

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