

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

DOCUMENT # P97000056296 (1)

1. Corporation Name
CLEARWATER 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	10855-A US 19 North	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Clearwater, Florida	28	
Zip	Country	Zip	Country
24	34624	25	Pinellas
29		30	

3. Date Incorporated or Qualified 06/26/1997	
4. FEI Number 59-3463472	Applied For Not Applicable
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 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 & SINGERMANN	
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 *[Signature]* 3/30/98
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	D	1.1 TITLE	P
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		2.1 TITLE	V,S,T
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		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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:

4-10-98 954-938-3770

CR2E034 (10/97)