


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

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000072606 (1)			
1. Corporation Name COMPREHENSIVE REHAB STAFFING, INC.			
Principal Place of Business 2979 NW 56TH AVE. LAUDERHILL FL 33313		Mailing Address 2979 NW 56TH AVE. LAUDERHILL FL 33313	
2. Principal Place of Business 21 534 Datura Street Suite, Apt. #, etc. 22 Suite A City & State 23 West Palm Beach, FL Zip 24 33401 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 08/21/1997		4. FEI Number 65-0781360 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 Joseph Glucksmann 82 Street Address (P.O. Box Number is Not Acceptable) 534 Datura Street 83 Suite A 84 City W. Palm Beach FL 85 Zip Code 33401	
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 Joseph Glucksmann DATE 5/23/98			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PDST 1.2 NAME Joseph Glucksmann 1.3 STREET ADDRESS 534 Datura St. 1.4 CITY-ST-ZIP W. Palm Beach FL 33401 2.1 TITLE DVP Karen Rosen 2.2 NAME 2.3 STREET ADDRESS 534 Datura St. 2.4 CITY-ST-ZIP W. Palm Beach, FL. 33401 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			

CR2E034 (10/97)