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Mar 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084764

1. Corporation Name

HOLLYWOOD INJURY REHABILITATION CENTER, INC.

Principal Place of Business

2540 N. STATE RD. 7
HOLLYWOOD FL 33021

Mailing Address

2540 N. STATE RD. 7
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0789337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

~~MILLER, BONNIE S CPA~~
~~10021 PINES BLVD.~~
~~SUITE 212~~
~~PEMBROKE PINES FL 33024~~

10. Name and Address of New Registered Agent

81 Name

RHONDA HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

5050 SWEETWATER TERRACE

83

84 City

COOPER CITY

FL

85 Zip Code

33330

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

TITLE P ☐ DELETE

NAME ~~LEWIN, ROBERT~~

STREET ADDRESS ~~2540 N. STATE RD. 7~~

CITY-ST-ZIP ~~HOLLYWOOD FL 33021~~

TITLE VD ☐ DELETE

NAME ~~SHAPIRO, GUY~~

STREET ADDRESS ~~2540 N. STATE RD. 7~~

CITY-ST-ZIP ~~HOLLYWOOD FL 33021~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE UP, T ☐ Change ☐ Addition

1.2 NAME RHONDA HERNANDEZ

1.3 STREET ADDRESS 5050 SWEETWATER TERRACE

1.4 CITY-ST-ZIP COOPER CITY FL 33330

2.1 TITLE P ☐ Change ☐ Addition

2.2 NAME GUY SHAPIRO

2.3 STREET ADDRESS 2540 N. STATE ROAD 7

2.4 CITY-ST-ZIP HOLLYWOOD FL 33021

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)