

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 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 # P97000089943 (9)

1. Corporation Name

MERCY REHABILITATION CENTER, INC.



Principal Place of Business

782 NE LEJEUNE ROAD
SUITE 530
MIAMI FL 33126

Mailing Address

782 NE LEJEUNE ROAD
SUITE 530
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

65-0788019

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

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

~~DE LEON, ALEJANDRO~~
782 NE LEJEUNE ROAD
SUITE 530
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Joseph A. Goudie

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

782 NE LEJEUNE ROAD

83

SUITE #530

84

City MIAMI

FL

85 Zip Code 33126

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 A. Goudie*

(NOTE: Registered Agent signature required when reinstating)

7/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSV ☒ DELETE

NAME DE LEON, ALEJANDRO
STREET ADDRESS 782 NE LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☒ DELETE

NAME DE LEON, ALEJANDRO
STREET ADDRESS 782 NE LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33126

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 PTSV ☒ Change ☐ Addition

1.2 NAME Goudie, Joseph A
1.3 STREET ADDRESS 782 N. LEJEUNE ROAD
1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Goudie, Joseph A.
2.3 STREET ADDRESS 782 N. LEJEUNE ROAD
2.4 CITY-ST-ZIP MIAMI FL 33126

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)(l), 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: *Joseph A. Goudie*

7/9/98

CR2E034 (5/98)