


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90108 046 ***150.00

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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 # P98000001350

1. Corporation Name
HALLANDALE ORTHOPAEDIC REHAB, INC.

Principal Place of Business 1001 N FEDERAL HWY STE 102 HALLANDALE FL 33009	Mailing Address 1001 N FEDERAL HWY STE 102 HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1998	
21		26		4. FEI Number 650802780	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, AMANADA L	1.2 NAME	ROBERT WHITNEY
STREET ADDRESS	1001 N FEDERAL HWY, STE 102	1.3 STREET ADDRESS	1001 N FEDERAL HWY STE 102
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRADY, COLEEN B	2.2 NAME	AMANDA L. WHITNEY
STREET ADDRESS	1001 N FEDERAL HWY, STE 102	2.3 STREET ADDRESS	1001 N FEDERAL HWY STE 102
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, BROOKE	3.2 NAME	COLEEN OBRADY
STREET ADDRESS	1001 N FEDERAL HWY, STE 102	3.3 STREET ADDRESS	1001 N FEDERAL HWY STE 102
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, ROBERT M	4.2 NAME	BROOKE WHITNEY
STREET ADDRESS	1001 N FEDERAL HWY, STE 102	4.3 STREET ADDRESS	1001 N FEDERAL HWY STE 102
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AMANDA L. WHITNEY
STREET ADDRESS		5.3 STREET ADDRESS	1001 N FEDERAL HWY STE 102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)