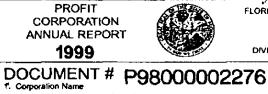
PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

90111123 MI 8:02 SECRETARY OF SWIE

LIFE REH	ABILITATION CENTER INC	Ç.				
4					TANK MENGALIN MA	es sui can
Principal Place	of Business	Mailing Address		The state of the s		
10570 SW 26 TEI		10570 SW 26 TERRACE				
MIAM FL 33165		MIAMI FL 33165		DO NOT WEITS IN THE	o posec	
				DO NOT WRITE IN THI	S SPACE	
		_		3. Date Incorporated or Qualified 01/08/1998		
2. Principal Plan		2a. Mailing Address	• • • •	4. FEI Number	Applic	ed For
11 697 E	ast 95+	28 697 Easi	1 9 57	65-0808148	<del></del>	pplicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add Fee Requi	
City & State	L FL	City & State	Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip 14 33010	Country	Zip (29) 33010	Country 30 Mami-Dag	This corporation owes the current year in Personal Property Tax.		No
	9. Name and Address of Currer			10. Name and Address of Few Registered	d Agent	
10570	IOS, SILVIA Y SW 26 TERRACE FL 33165		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Coc	e
SIGNATURE	familiar with, and accept the obligations, by the obligation of the obligations of the ob		ida Statutos. Registered Agent signature require	on's board of directors. I hereby accept the appoint		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12
			1.1 TILE			Addito
NAME !	President. Silvia y Bon 5970 NM Fl Hialenn, Fl	RIOS	1.2 NAME			
STREET ADDRESS	5970 NM -1	10 TERR.	1.3 STREET ADDRESS			
CITY-ST-ZIP	Hialean, Fl	330/2	14 CrTY-ST-ZIP			
TITLE		DELETE	21 TITLE		Change	☐ Addition
NAME			22 HAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CHY-ST-ZP			<u> </u>
TITLE		☐ DELETE	3 1 TITLE		Change	Maddision (
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		ПСпало	Addik
NAME			4 2 NAME		1	
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZP			4.4 C/TY-ST-7/P			
TIME	<del></del>	DELETE	5.1 TILE		Change (	Additio

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information sopoled 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 offset 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 chapter 6,000 and attachment with an address, with all other like empowered.

52 NAME

6 1 TITLE

8.3 STREET ADDRESS

6.3 STREET ADDRESS

54 C/TY-ST-2IP

NAME

TIPLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

SANATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DELETE

CRZE034 (11/98)