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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020112

1. Corporation Name

CONTINUCARE REHABILITATION SERVICES OF GEORGIA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 S.E. 2ND STREET 36TH FLOOR MIAMI FL 33131	100 S.E. 2ND STREET 36TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: 03/03/1998
4. FEI Number — [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $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 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TARBE, SUSAN ESQ.
100 S.E. 2ND STREET
36TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
UCC Filing & Search Services, Inc.
83 526 East Park Avenue
84 City Tallahassee FL 85 Zip Code 32301

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 Ed [signature] President 4/30/99
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~	[X] DELETE
NAME	~~BALDWIN, STEVE~~	
STREET ADDRESS	~~100 S.E. 2ND STREET, 36TH FLOOR~~	
CITY-ST-ZIP	~~MIAMI FL 33131~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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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	P - CEO	[ ] Change [X] Addition
1.2 NAME	Charles M Fernandez	
1.3 STREET ADDRESS	100 S E 2d St. 36th Floor	
1.4 CITY-ST-ZIP	Miami, Fla. 33131	
2.1 TITLE	Secretary - General Counsel	[ ] Change [X] Addition
2.2 NAME	Susan Tarbe	
2.3 STREET ADDRESS	100 S E 2 St. 36th Floor	
2.4 CITY-ST-ZIP	Miami, Fla 33131	
3.1 TITLE	T	[ ] Change [X] Addition
3.2 NAME	Bruce Altman	
3.3 STREET ADDRESS	100 S.E. 2nd St. 36th Floor	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
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		

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****150.00 ****150.00

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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: Susan Tarbe [signature] Secretary - General Counsel 4/19/99 (305) 350-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #