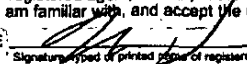
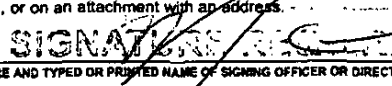


FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90017 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000075867					
1. Corporation Name LAUDERHILL REHABILITATION CENTER, INC.					
Principal Place of Business 2875 N.E. 191 STREET, PH3A AVENTURA FL 33180			Mailing Address 2875 N.E. 191 STREET, PH3A AVENTURA FL 33180		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/31/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 65-0862181				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. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent ROUSSO, MARK E 2875 N.E. 191 STREET, PH3A AVENTURA FL 33180			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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					
TITLE ☐ DELETE NAME DPS WEINBERG, MARC K STREET ADDRESS 2875 N.E. 191 STREET, PH3A CITY-ST-ZIP AVENTURA FL 33180					
TITLE ☐ DELETE NAME VPTD SOTO, ANGEL STREET ADDRESS 2875 N.E. 191 STREET, PH3A CITY-ST-ZIP AVENTURA FL 33180					
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 ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)

8/25/99 305-449-5949
 Date Daytime Phone #