


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90149 045 ***158.75

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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 # P98000095218

1. Corporation Name
MIDLAND OUTPATIENT REHAB FACILITY, INC.



Principal Place of Business 9350 S. DADELAND BLVD. SUITE 101 MIAMI FL 33156	Mailing Address 9350 S. DADELAND BLVD. SUITE 101 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 11/10/1998	4. FEI Number 65-0877366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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

SEALY, LLOYD
6558 NW 172 LANE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name SORIE BAYON
82 Street Address (P.O. Box Number is Not Acceptable) 9350 S. DADELAND BLVD.
83 SUITE 101
84 City MIAMI
85 Zip Code FL 33156

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: **SORIE BAYON** ~~SORIE BAYON~~ DATE: **4/20/99**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME SEALY, JOANNE	
STREET ADDRESS 9350 S. DADELAND BLVD.	
CITY-ST-ZIP MIAMI FL 33156	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME SEALY, LLOYD	
2.3 STREET ADDRESS 6558 NW 172 LANE	
2.4 CITY-ST-ZIP MIAMI, FL. 33015	
3.1 TITLE T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BAYON, SORIE	
3.3 STREET ADDRESS 9350 S. DADELAND BLVD	
3.4 CITY-ST-ZIP MIAMI, FL. 33156	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **SORIE BAYON** ~~SORIE BAYON~~ DATE: **4/2/99** DAYTIME PHONE #: **305 670-7777**

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)