May 10, 1999 8:00 am Secretary of State

05-10-1999 90149 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000095218

1. Corporation Name

CITY-ST-ZIP

MIDLAND OUTPATIENT REHAB FACILITY, INC.

Principal Place	of Business	Mailing	Address			⊣ i		INITE BUILL DELLE	EDIN BOND N	IIO DINB NADI	HANNE INFLINATION
9350 S. DADELA		-	DADELAND BLVD.			-				•	•
SUITE 101							20	. OT WEITE	161 TO 15	20405	
MIAMI FL 33156 MIAMI FL 3315		FL 33156	156			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						1	/10/1998	Quanicu			
2. Principal Pla	ace of Business	2a, Mai	iling Address			4. FEI	l Number			Apı	olied For
21		26	J			6	5-08	1736	.6	Not	Applicable
Suite, Apt.	#, etc.	_	te, Apt. #, etc.		•••		rtifcate of Status I			\$8.75 A	
22		27				3 . Cei		Jesiica (<u>~</u> _	Fee Re	quired
City & State	e	City	y & State			1	ction Campaign F	-		\$5.00	•
23		28					st Fund Contribut	tion		Added to	Fees
Zip	Country	Zip		Country		,	s corporation owe		-		No
24	9. Name and Address of Curr	29	d Agent	30			rsonal Property T me and Address				-
	9. Name and Address of Curr	eni Kegistere	u Agent	81	Name			HOP	3.0.0.		
SEAL	LY, LLOYD			-		SORI			-\		
6558	NW 172 LANE			82	Street	3 50 <	Box Number is N		B	ولسلة	•
MIAM	AI FL 33015			83	2		101			<u> </u>	
				84	City	JUITE	101			85 Zip C	ode 🛕
				l '	City	MIA			FL	33	156
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1	508, Florida Statute	es, the above	e-named c	corporation sul	bmits this statement	ent for the pu	urpose of c	hanging its	registered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. S	luch change was a	uthorized by	the corpor	corporation sul ration's board	bmits this stateme of directors. I her	ent for the pureby accept t	urpose of o	changing its tment as reg	registered jistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Sigations of, Sec	uch change was a ction 607.0505, Floa k	uthorized by rida Statutes	the corpor	ration's board	of directors. The	ent for the pureby accept t	the appoint	thanging its tment as reg 2019	registered pistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE: SORIE R