


04-28-1999 90030 044 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000097422

1. Corporation Name
MELBOURNE CENTER FOR INCONTINENCE REHAB, INC.

Principal Place of Business
4285 WOOD HAVEN DRIVE
MELBOURNE FL 32935

Mailing Address
4285 WOOD HAVEN DRIVE
MELBOURNE FL 32935

2. Principal Place of Business
21 700 N. Wickham Rd
Suite, Apt. #, etc.
Suite 206
City & State
Melbourne, FL
Zip
32935
Country
US
25 Brevard

2a. Mailing Address
26 4285 Wood Haven Dr
Suite, Apt. #, etc.
City & State
Melbourne, FL
Zip
32935
Country
US
30 FL

3. Date Incorporated or Qualified
11/18/1998

4. FEI Number
59-3542590

5. Certificate of Status Desired
8. This corporation owes the current year intangible Personal Property Tax.

6. Election Campaign Financing
Trust Fund Contribution

7. Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
JACKSON, SUSAN L
4285 WOOD HAVEN DRIVE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable
Susan L. Jackson
4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Dwelling Phone

CR2E034 (11/98)