

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	
DOCUMENT # P98000104798			
1. Corporation Name PHYSICAL THERAPY FOR HIRE, CORP. <i>New Millennium Rehabilitation Center, Corp.</i>			
Principal Place of Business 7801 ALHAMBRA BOULEVARD MIRAMAR FL 33023		Mailing Address 7801 ALHAMBRA BOULEVARD MIRAMAR FL 33023	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	29 Country
9. Name and Address of Current Registered Agent SUMMER, MARTINE 7801 ALHAMBRA BOULEVARD MIRAMAR FL 33023			
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.		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE <i>[Signature]</i>		DATE <i>02/21/99</i>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMER, MARTINE - SUMMERSET MARTINE 7801 ALHAMBRA BOULEVARD MIRAMAR FL 33023	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1998	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 65-0881836	Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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 as an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/99 1954) 983 0594

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