

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

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PROFIT CORPORATION ANNUAL REPORT 1999

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



APPROVED
99 MAR -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104798
1. Corporation Name
PHYSICAL THERAPY FOR HIRE, CORP.
New Millennium Rehabilitation Center, Corp.



Principal Place of Business: 7801 ALHAMBRA BOULEVARD, MIRAMAR FL 33023
Mailing Address: 7801 ALHAMBRA BOULEVARD, MIRAMAR FL 33023

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1998
4. FEI Number: 65-0881836
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 Tax: Yes No

9. Name and Address of Current Registered Agent
SUMMER, MARTINE
7801 ALHAMBRA BOULEVARD
MIRAMAR FL 33023
SUMMERSET, MARTINE

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: *M. J. Sewell* DATE: 02/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	SUMMER, MARTINE - SUMMERSET MARTINE	12 NAME	
STREET ADDRESS	7801 ALHAMBRA BOULEVARD	13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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02/21/99 1954) 983 0594

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: *M. J. Sewell* DATE: 02/21/99

CR2E034 (1/98)