

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

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S10649 (9)

1. Corporation Name
FORT LAUDERDALE CENTER FOR THERAPY AND REHABILITATION, INC.



Principal Place of Business 410 N.E. 44TH ST. FT. LAUDERDALE FL 33334	Mailing Address 410 N.E. 44TH ST. FT. LAUDERDALE FL 33334-1423
---	--

3. Date Incorporated or Qualified 11/05/1990	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0228704	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**MICHAEL F. PETRIE
410 NE 44 ST
FT. LAUDERDALE FL 33082**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRIE, MICHAEL F.	
STREET ADDRESS	410 N.E. 44TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Petrie Michael F.	
1.3 STREET ADDRESS	410 N.E. 44 St.	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33334	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dale Petrie	
2.3 STREET ADDRESS	400 E. Prospect Rd.	
2.4 CITY-ST-ZIP	Ft. Laud., FL. 33334	

14. I do 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.

SIGNATURE: Dale Petrie **Dale Petrie** President 4/15/97 (954) 563-9355

CR2E034 (9/96)