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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S19999

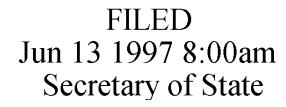
(9)

PHYSICIANS DIAGNOSTIC AND REHABILITATION CENTER. INC.

Principal Place of Business 4275 OKEECHOBEE BLVD

Mailing Address

4275 OKEECHOBEE BLVD





W PALM BEACH FL 33409		W PALM BEACH FL 33409-3230								
						3. Date Incorporated or Qualified 12/18/1990	3a. Da	te of L 01/19		eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	J		αA	plied For
21		26				65-0231892		$oldsymbol{\bot}$	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	[]]			Additional	
22 City & Stat		27 City & State	-							quired
23	e	City & State				6. Election Campaign Financing	ь			Мау Ве
Zip	Country	Zip	Cou	nln	,	Trust Fund Contribution	<u>.L.</u>			o Fees
24	25	29	30	ну		8. This corporation has liability for in		tax und] No	der s.	199.032,
E41	9. Name and Address of Curren		[30]			10. Name and Address of New Re				
BAF	RD. PERRY M.			81	Name	(0, 7,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	Jibioi bu P	Spire		
	5 OKEECHOBEE BLVD									
STE				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
	ALM BEACH FL 33409		}	83						
** *										
				84	City		FL	85	Zip C	Code
11. Pursuant office or r	to the provisions of Sections 607.0502	2 and 607.1508, Florida St of Florida, Such chance w	atutes, the ab	ove t by	e-named corp	oration submits this statement for the p	urnoon of	chang	ing its	s registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505	, Florida State	utes	S.	on the result is the place of t	τιο αρμι	arut I 🗗	n 43 l	ogiaiQIUU
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	NOTE Registered	Age	ent signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	3 IN 12
TITLE	PD person in	☐ DELETE	1.1 TIT	LE				☐ Cha	inge	Addition
NAME	BARD, PERRY M.		1.2 NA	ME						
STREET ADDRESS	4275 OKEECHOBEE BLVD #1		1.3 \$1	REE1	ADDRESS					
CITY-ST-2IP	W PALM BEACH FL		1.4 CIT	Y · S	T-ZIP					
TITLE		☐ DELE1E	2.1 TIT	LE				☐ Cha	inge	Addition
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 ST	REET.	ADDRESS					
CITY-ST-ZIP			2. 4 CI	IY-S	ST-ZIP					
TITLE		☐ DELETE	3.1 TJT	LE				∐ Cha	.nge	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP			3 4. CF		ST-ZIP	· · · · · · · · · · · · · · · · · · ·				Y
TITLE		☐ DELETE	4,1 TIT		İ			Cha	nge	Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	ECT	ADDRESS					
CITY-ST-ZIP			4.4 CIT	_	T-ZIP		 			
TITLE		☐ DELETE	5.1 TIT				İ	∐ Cha	nge	Addition
NAME			5.2 NA							
STREET ADORESS			5.3 \$16	REET	ADDRESS					
CITY-ST-ZIP			5.4 C(T		T- 7(P					
TITLE		☐ DELETE	6.1 TIT				l	Cha	nge	Addition
NAME .	- 1		6.2 NA	VΈ						
STREET ADDRESS			6.3 \$1F	REE1 /	ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-S1	1-ZIP					

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 empowered to empowere by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address