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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 03 1998 8:00am Secretary of State

DOCUMENT # S39275  1. Corporation Name  E. J. REHAB. CONSULTANTS, INC.	(0)			
Principal Place of Business N	failing Address		Limmtedin 1940 illin batten 11911 indint mitt bagti ge	enit negte Sibit geget ninet ifili
11558 NW 10TH ST 11558 NW 10TH ST				
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified	
			03/18/1991	
Principal Place of Business     2a	. Mailing Address		4. FEI Number	Applied For
21 26	0.75 451 7		65-0257057	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28	,		Trust Fund Contribution	Added to Fees
Zîp Country	Zip	Country	8. This corporation owes or has paid the cur	
24 25 29		30	Personal Property Tax due June 30.	☐ Yes ☐ No _
9. Name and Address of Current Regis	stered Agent		10. Name and Address of New Registered	Agent
MCCABE, ELIZABETH J.		81 Name	•	
11558 NW 10TH ST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33026		83		*
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 6	507.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose o	f changing its registered
Pursuant to the provisions of Sections 607.0502 and 6 office or registered agent, or both, in the State of Flori agent. I am lamifiar with, and accept the obligations of the section	ida. Such change was a of, Section 607.0505, Flo	uthorized by the corporativida Statutes.	on's board of directors. I hereby accept the app	dointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent and title				
		: Registered Agent signature require		DIRECTORS IN 12
12. OFFICERS AND DIREC	CTORS	13.	d when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	
12. OFFICERS AND DIRECT		13. 1,1 TITLE		D DIRECTORS IN 12
12. OFFICERS AND DIRECT ITIE PD MCCABE, ELIZABETH J.	CTORS	13. 1.1 TITLE 1.2 NAME		
12. OFFICERS AND DIRECT TITLE PD MCCABE, ELIZABETH J. STREET ADDRESS 11558 NW 10TH ST	CTORS	13. 1,1 TITLE		
12. OFFICERS AND DIRECT INTERPOLATION OF THE PROPERTY OF THE P	CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. OFFICERS AND DIRECT TITLE PD MCCABE, ELIZABETH J. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL	CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
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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 informatio 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 chapted or on an attackment with an address.

SIGNATURE:

NEABE 1/27/98 437-50

2E034 (10/97)