

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000087707 (1)**  
 1. Corporation Name  
**SOUTHAMPTON REHAB, INC.**



Principal Place of Business <b>2829 E COMMERCIAL BLVD                  SUITE 306                  FORT LAUDERDALE FL 33308</b>	Mailing Address <b>2929 E COMMERCIAL BLVD                  SUITE 306                  FORT LAUDERDALE FL 33308-4219</b>
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3. Date Incorporated or Qualified <b>10/24/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 44 2nd Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 Pike Office Bldg.</b> Suite, Apt. #, etc.
22 City & State <b>Southampton, PA</b>	27 City & State
23 Zip <b>19046</b>	25 Country <b>USA</b>
24 Zip <b>19046</b>	29 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name **LEONARD K. SAMUELS, ESQ.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**100 Northeast 3rd Avenue, Suite 400**  
 83  
 84 City **Ft. Lauderdale, FL** 85 Zip Code **33301**

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 *[Signature]* January 23, 1997  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D ROSENBERG, RALPH</b>	<input type="checkbox"/>
NAME	<b>ROSENBERG, RALPH</b>	
STREET ADDRESS	<b>2929 E COMMERCIAL BLVD, STE 306</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>ROSENBERG, RALPH</b>		
1.3 STREET ADDRESS	<b>2929 E. Commercial Blvd., Suite 306</b>		
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33308</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 *[Signature]* 4-29-97 956-038-2771

CR2E034 (9/96)