

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90117 019 ****70.00

DOCUMENT # 744681

1. Entity Name

HABILITATION CENTER FOR THE HANDICAPPED, INC.

Principal Place of Business

**22313 BOCA RIO ROAD
BOCA RATON FL 33433**

Mailing Address

**22313 BOCA RIO ROAD
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1859543

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERRIS, WILLIAM C.
22313 BOCA RIO RD
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

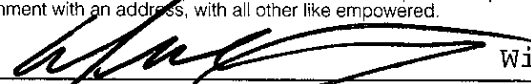
10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FEIGL, RUTH**
STREET ADDRESS **7402 PANACHE WAY**
CITY-ST-ZIP **BOCA RATON FL**TITLE **D** ☐ Delete
NAME **MORRISON, KAREN L**
STREET ADDRESS **3757 LONE PINE ROAD**
CITY-ST-ZIP **DELRAY BEACH FL**TITLE **D** ☐ Delete
NAME **POMERANZ, STEVEN**
STREET ADDRESS **ONE WEST CAMINO REAL BLVD., #205**
CITY-ST-ZIP **BOCA RATON FL**TITLE **D** ☒ Delete
NAME **WEINSTEIN JOAN**
STREET ADDRESS **11455 WISPER SOUND DR**
CITY-ST-ZIP **BOCA RATON FL**TITLE **MED** ☐ Delete
NAME **FERRIS, WILLIAM**
STREET ADDRESS **22313 BOCA RIO RD**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Marlene Ince**
STREET ADDRESS **C/O Daleen Tech.**
CITY-ST-ZIP **902 Clint Moore Rd. Ste 230**TITLE **D** ☐ Change ☒ Addition
NAME **Sabine M. Watt**
STREET ADDRESS **4570 N.W. 6th St.**
CITY-ST-ZIP **Deerfield Beach, FL 33441**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**William Ferris****02/23/01 561-483-4200**

Date

Daytime Phone #

CR2E037 (10/00)