

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **748474** (4)

1. Corporation Name

**ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.**



Principal Place of Business

Mailing Address

**3075 N.W. 35TH AVENUE  
FT. LAUDERDALE FL 33311**

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FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified  
**08/09/1979**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1945163**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK  
100 MERRICK WAY, SUITE 2C  
CORAL GABLES 33134**

81 Name

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

**110 Merrick Way, Suite 3B**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and location applicable

(If Only Registered Agent signature required when running for

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **PENNEKAMP, THOMAS**  
STREET ADDRESS **1434 SOUTH MIAMI AVENUE**  
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **SD** ☐ DELETE  
NAME **JOHNSON, BROTHOR PAUL**  
STREET ADDRESS **C/O 726 N.E. 1 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VTD** ☐ DELETE  
NAME **HENNESSEY, WILLIAM**  
STREET ADDRESS **5601 S FLAMINGO ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **EV** ☒ DELETE  
NAME **WHITTAKER, KENNETH D., REV**  
STREET ADDRESS **7525 N.W. 2 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **VAUGHAN, REV. JOHN J.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS **c/o 9401 Biscayne Blvd.**  
34 CITY-ST-ZIP **Miami Shores, FL 33138**

41 TITLE ☐ Change ☒ Addition  
42 NAME **Honold, Thomas G.**  
43 STREET ADDRESS **c/o 1050 N.E. 125 Street**  
44 CITY-ST-ZIP **North Miami, FL 33161**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Honold* Thomas G. Honold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 739-6233  
ext 222

Date

Signature Printed

CR2E037 (12/95)