

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT 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 # 748474 (4)**

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

Principal Place of Business <b>3075 N.W. 35TH AVENUE FT. LAUDERDALE FL 33311</b>	Mailing Address <b>3075 N.W. 35TH AVENUE FT. LAUDERDALE FL 33311-1107</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>08/09/1979</b>	3a. Date of Last Report <b>04/01/1996</b>
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4. FEI Number <b>59-1945163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK  
110 MERRICK WAY, SUITE 3-B  
CORAL GABLES 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PENNEKAMP, THOMAS</b>	
STREET ADDRESS	<b>1434 SOUTH MIAMI AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, BROTHER PAUL</b>	
STREET ADDRESS	<b>C/O 726 N.E. 1 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>HENNESSEY, WILLIAM</b>	
STREET ADDRESS	<b>C/O 9401 BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	<b>HONOLD, THOMAS G.</b>	
STREET ADDRESS	<b>/CO 1050 NE 125TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>VAUGHAN, REV. JOHN J.</b>	
STREET ADDRESS	<b>9401 BISCAYNE BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 H. Honold* Thomas H. Honold 2/28/97 (954) 484-1515  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034805

CR2E037 (9/96)