


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90044 048 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748474**

1. Corporation Name

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

Principal Place of Business  
3075 N.W. 35TH AVENUE  
FT. LAUDERDALE FL 33311

Mailing Address  
3075 N.W. 35TH AVENUE  
FT. LAUDERDALE FL 33311



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/09/1979	
4. FEI Number 59-1945163		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent <b>FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES 33134</b>	
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 <b>FL</b>					

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, THOMAS	1.2 NAME	
STREET ADDRESS	1434 SOUTH MIAMI AVENUE	1.3 STREET ADDRESS	1436 SOUTH MIAMI AVENUE
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BROTHER PAUL	2.2 NAME	
STREET ADDRESS	C/O 726 N.E. 1 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	VTDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, WILLIAM	3.2 NAME	
STREET ADDRESS	C/O 9401 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONOLD, THOMAS G.	4.2 NAME	
STREET ADDRESS	/CO 1050 NE 125TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, REV. JOHN J.	5.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*Thomas G. Honold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)