

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # **G72847 (8)**

1. Corporation Name
KENDALL SPORTS MEDICINE AND REHABILITATION CENTER, INC.



Principal Place of Business: **C/O LINDA LEEDS 11655 OLD CUTLER ROAD MIAMI FL 33170**
Mailing Address: **C/O LINDA LEEDS 11655 OLD CUTLER ROAD MIAMI FL 33170**

3. Date Incorporated or Qualified: **12/08/1983**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **59-2355323**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. City & State: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent: **FEINGOLD, LAURENCE 1111 LINCOLN ROAD SUITE 802 MIAMI FL 33139**
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 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 607.0501, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME: DP LEEDS, LINDA	<input type="checkbox"/> DELETE	11.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 STREET ADDRESS: 11655 OLD CUTLER RD		11.2 NAME:	
11.3 CITY-STATE-ZIP: CORAL GABLES FL		11.3 STREET ADDRESS:	
11.4 TITLE:	<input type="checkbox"/> DELETE	11.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 NAME:		11.5 TITLE:	
11.6 STREET ADDRESS:		11.6 NAME:	
11.7 CITY-STATE-ZIP:		11.6 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.8 TITLE:	<input type="checkbox"/> DELETE	11.7 CITY-STATE-ZIP:	
11.9 NAME:		11.8 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 STREET ADDRESS:		11.9 NAME:	
11.11 CITY-STATE-ZIP:		11.10 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.12 TITLE:	<input type="checkbox"/> DELETE	11.11 CITY-STATE-ZIP:	
11.13 NAME:		11.12 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 STREET ADDRESS:		11.13 NAME:	
11.15 CITY-STATE-ZIP:		11.14 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11.15 CITY-STATE-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 supplier entry 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: *Linda Leeds* 1-22-96 (305) 666 6833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)