

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000065067

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE REHABILITATION INSTITUTE INC

**Current Principal Place of Business:**

1201 SW 141ST AVE 409  
HOLLYWOOD, FL 33027

**New Principal Place of Business:**

1201 SW 141ST AVE  
409  
HOLLYWOOD, FL 33027

**Current Mailing Address:**

1201 SW 141ST AVE 409  
HOLLYWOOD, FL 33027

**New Mailing Address:**

1201 SW 141ST AVE  
409  
HOLLYWOOD, FL 33027

FEI Number: 65-0774561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLAUSER, STUART H  
14446 W DIXIE HWY  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GLUCK, HILLIARD H  
Address: 1201 SW 141ST AVE 409  
City-St-Zip: HOLLYWOOD, FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HILLARD GLUCK

D

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date