

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

FRONT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000041812 (5)

1. Corporation Name

CARDIAC REHABILITATION AND SUPPORT SERVICES, INC



Principal Place of Business

4908 S.W. 8TH STREET
CORAL GABLES FL 33134

Mailing Address

4908 S.W. 8TH STREET
CORAL GABLES FL 33134

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Quasi-Corporated

05/22/1995

3a. Date of Last Report

4. FEI Number

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

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

9. Name and Address of Current Registered Agent

LOPEZ, ASTRID B ESQ.
421 S.W. 21 ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0816 and 607.1406, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0816, Florida Statutes.

SIGNATURE

George Bordenave George Bordenave

1/25/96

12. OFFICERS AND DIRECTORS

1. TITLE: D DELETE
NAME: BORDENAVE, GEORGE M.D.
STREET ADDRESS: 2401 COLLINS AVENUE, APT #1006
CITY, ST, ZIP: MIAMI BEACH FL 33140
2. TITLE: D DELETE
NAME: FERNANDEZ-BORDENAVE, CARLOS H M.D.
STREET ADDRESS: 1927 S.W. 9TH STREET
CITY, ST, ZIP: MIAMI FL 33135
3. TITLE: DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
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97. TITLE: Change Addition
98. NAME:
99. STREET ADDRESS:
100. CITY, ST, ZIP: Change Addition

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14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or bona fide 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 I am not the agent, or on an affidavit with an address.

SIGNATURE:

George Bordenave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George Bordenave

1/25/96

446-2444

CR2E034 (12/95)

7/2/23