

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # 725328 (9)

1. Corporation Name
PSYCHO-SOCIAL REHABILITATION CENTER, INC.

Principal Place of Business: **5711 S. DIXIE HIGHWAY SOUTH MIAMI FL 33143**
Mailing Address: **5711 S. DIXIE HIGHWAY SOUTH MIAMI FL 33143**



3. Date Incorporated or Qualified: **01/22/1973**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1466709	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		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		10. Name and Address of New Registered Agent	
SANTANA, PUBLIO M 5711 S DIXIE HWY S. MIAMI FL 33143		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 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: _____ DATE: _____
Signature: typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	CD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREISBERG, IRVING	1.2 NAME	
STREET ADDRESS	251 CRANDON BLVD., #500	1.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	1.4 CITY-STATE-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAUL, DAVID	2.2 NAME	Peter Jung
STREET ADDRESS	14520 SW 79 AVE	2.3 STREET ADDRESS	14303 SW 80 Avenue
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	Miami, FL 33158
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOMPARENS, AL	3.2 NAME	
STREET ADDRESS	9131 SW 19 ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	S. MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, IRENE	4.2 NAME	
STREET ADDRESS	8600 SCHOOL HOUSE RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 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 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: _____ **Irving Kreisberg**
Chairman of the Board 2/5/96 (305) 667-1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Date, Phone #

CR2E037 (12/95)