FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736202 (3)

1. Corporation Name
BOCA RATON HABILITATION CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
22313 BOCA RIO ROAD P O BOX 458 BOCA RATON FL 33429	22313 BOCA RIO ROAD P O BOX 458 BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1976
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1712983 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FERRIS, WILLIAM C.
22313 BOCA RIO RD.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	SMITH, GLORIA	1.2 NAME	Giusto, Albert	
STREET ADDRESS	5021 A NESTING WAY	1.3 STREET ADDRESS	275 High Point Court Apt. C, Sec. 7A	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	V	2.1 TITLE	V/P	☑ Change ☐ Addition
NAME	O'BRIEN, DOROTHY	2.2 NAME	Smith, Gloria	
STREET ADDRESS	2899 NW 26 AVE	2.3 STREET ADDRESS	5021 A Nesting Way	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Delray Beach, Fl. 33484	
TITLE	T	3.1 TITLE	T/D	☐ Change ☐ Addition
NAME	KLEIN, HARRIET	3.2 NAME	Klein, Harriet	
STREET ADDRESS	17204 NEWPORT CLUB DR.	3.3 STREET ADDRESS	17204 Newport Club Dr.	
CITY-ST-ZIP	BOCA RATON, FL 00000	3.4 CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE	S	4.1 TITLE	S/D	☑ Change ☐ Addition
NAME	LEE, PETRINO	4.2 NAME	Hoyt, Lorraine	
STREET ADDRESS	7898 CLOVERFIELD CIR	4.3 STREET ADDRESS	923 S. E. 12th St.	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33441	
TITLE	S	5.1 TITLE	S/D	☑ Change ☐ Addition
NAME	WEINSTEIN, JOAN	5.2 NAME	Carson, Florence	
STREET ADDRESS	11455 WHISPER SOUND DR.	5.3 STREET ADDRESS	1814 N.W. 7th. St.	
CITY-ST-ZIP	BOCA RATON, FL 00000	5.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	KEESELY, FLORENCE	6.2 NAME	O'Brien, Dorothy	
STREET ADDRESS	5938 PATIO DRIVE	6.3 STREET ADDRESS	2899 N.W. 26th St.	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Boca Raton, Fl. 33434	

$8.75 REMITTED BY MAIL

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)(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.

SIGNATURE: Harriet Klein — April 4, 1995 — (407) 241-8354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00449346