

**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

DOCUMENT # 748474 (4)

1. Corporation Name

ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.



Principal Place of Business: 3075 N.W. 35TH AVENUE FT. LAUDERDALE FL 33311  
Mailing Address: 3075 N.W. 35TH AVENUE FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 08/09/1979  
3a. Date of Last Report: 03/17/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1945163	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	30	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

FITZGERALD, J. PATRICK  
100 MERRICK WAY, SUITE 2C  
CORAL GABLES 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
	110 Merrick Way, Suite 3B
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

Signature typed or printed name of registered agent and his or her title (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, THOMAS	1.2 NAME	
STREET ADDRESS	1434 SOUTH MIAMI AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BROTHOR PAUL	2.2 NAME	
STREET ADDRESS	C/O 726 N.E. 1 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSEY, WILLIAM	3.2 NAME	
STREET ADDRESS	5601 S FLAMINGO ROAD	3.3 STREET ADDRESS	c/o 9401 Biscayne Blvd.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	EV	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTAKER, KENNETH D., REV	4.2 NAME	EVD
STREET ADDRESS	7525 N.W. 2 AVENUE	4.3 STREET ADDRESS	Honold, Thomas G.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	c/o 1050 N.E. 125 Street
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, REV. JOHN J.	5.2 NAME	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: *Thomas G. Honold* Thomas G. Honold

(954) 739-6233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

ext 222

CR2E037 (12/95)