

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33311-1107
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1979	3a. Date of Last Report 04/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1945163	Applied For <input type="checkbox"/> 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	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
110 MERRICK WAY, SUITE 3-B
CORAL GABLES 33134**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PENNEKAMP, THOMAS	
STREET ADDRESS	1434 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, BROTHER PAUL	
STREET ADDRESS	C/O 726 N.E. 1 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HENNESSEY, WILLIAM	
STREET ADDRESS	C/O 9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	HONOLD, THOMAS G.	
STREET ADDRESS	/CO 1050 NE 125TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHAN, REV. JOHN J.	
STREET ADDRESS	9401 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Thomas H. Honold* Thomas H. Honold 2/28/97 (954) 484-1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034805

CR2E037 (9/96)