


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90062 005 \*\*\*\*70.00

<b>DOCUMENT # 748474</b>	
1. Entity Name <b>ST. JOHN'S REHABILITATION HOSPITAL AND NURSING CENTER, INC.</b>	

Principal Place of Business <b>3075 N.W. 35TH AVENUE LAUDERDALE LAKES, FL 33311</b>	Mailing Address <b>3075 N.W. 35TH AVENUE LAUDERDALE LAKES, FL 33311</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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03312008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1945163</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCSD HENNESSEY, WILLIAM C/O 9401 BISCAYNE BLVD MIAMI SHORES, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CATANIA, JOSEPH M 291 NW 43RD AVE COCONUT CREEK, FL 33066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD LAWSON, RALPH E C/O 6855 RED ROAD, STE. 600 CORAL GABLES, FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS FITZGERALD, J PATRICK 110MERRICK WAY, SUITE 3B CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOSEPH M. CATANIA 4/1/08 954-484-1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40074022

# 748474

## FY 2008 Non-Profit Corporation Annual Report (UBR) Attachment – Additional Directors

AS/D

Rev. Msgr. Tomas Marin  
c/o 3900 N.W. 79 Avenue, Suite 731  
Miami, FL 33166

D

Mr. Rudy J. Noriega  
3529 Gulfstream Way  
Davie, FL 33328

D

Ms. Patricia Palamara  
4200 Mangrum Court  
Hollywood, FL 33021

D

Rev. Msgr. Franklyn M. Casale  
c/o 16400 N.W. 32 Avenue  
Miami, FL 33054

D

Mr. John Johnson  
c/o 4725 North Federal Hwy  
Fort Lauderdale, FL 33307

D

Dr. Richard Turcotte  
c/o 9401 Biscayne Boulevard  
Miami Shores, FL 33138

D

Mr. Bud Farrey  
c/o 1850 NE 146<sup>th</sup> Street  
North Miami, FL 33181

D

Len T. Sperry, MD, PhD  
659 N.W. 38 Circle  
Boca Raton, FL 33431

D

Asif D. Jamal  
1028 Cotorro Avenue  
Coral Gables, FL 33146

D

John E. Matuska  
c/o 3663 South Miami Avenue  
Miami, FL 33133

D

Ana Mederos  
c/o 4775 Collins Avenue, #1908  
Miami Beach, FL 33141

D

Mark J. Panciera  
c/o 4200 Hollywood Blvd.  
Hollywood, FL 33021

D

Kenneth C. Fischer, MD  
1190 N.W. 95 Street, #402  
Miami, FL 33150

D

Aurelio Fernandez  
c/o 1901 S.W. 172 Avenue  
Miramar, FL 33181

D

Claudia de la Cruz  
460 South Mashta Drive  
Key Biscayne, FL 33149

D

Aristides Pallin  
630 Sevilla Avenue  
Coral Gables, FL 33134