PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000002323 (2	OCUMENT #	F95000002323	(2)
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COGNITIVE REHABILITATION INSTITUTE, INC.

Principal Place of Business

Mairing Address

322 CONGRESS AVE. AUSTIN TX 78701

322 CONGRESS AVE. AUSTIN TX 78701



					3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report	
2. Principal Pla	ice of Business	2a. Mailing Address	<u> </u>		4. FEI Number		Applied For
21 4105	E. FOWLER AUE	2a. Mailing Address 26 5450 BEE	CAVE	. KD.	• 74-2745660		Not Applicable
Suite, Apit. # 22	4, etc.	Stitte, Apt. #, etc. 27 BLDG . 3	-D		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
23 TAM	PA.FL.	AUST/N.	Tχ.		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees
420	Country	40714	Country	/	8. This corporation has liability for	intangible tax un	der s 199.032,
24 256	25	29 /0 / 76 30	0			s 🗆 No	
	g. Name and Address of Current	Registered Agent		T	10. Name and Address of New F	Registered Age	nt
0.7.00	DDODATION OVOTER		81	Name			
	RPORATION SYSTEM		82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
	OUTH PINE ISLAND ROAD			ļ <u>_</u>			
PLANIA	TION FL 33324		83				
			84	City		8	5 Zip Code
				<u> </u>		FLI	1 '
or registers	h the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	. Such change was authorized b	he above- by the corp	named corp oration's b	poration submits this statement for the purporation of directors. Thereby accept the app	rpose of changin pointment as regi	ig its registered office stered agent. I am
S/GNATURE							
	Stepulars, type dice profest name of registerest agent a r	difficit applicación (NOTE R	ögistered Ago	rt signature reg	juired when rainstating	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
1.111	PSD	☐ DELETE	1 1 TOTLE			∑ Cr	nange 🔲 Addition
NAME:	HERNDON, NEWLIN C JR		1.2 NAME			.4 46	N 2-N
STRE-T ADDRESS	322 CONGRESS AVE.		1.3 STREET	ADDRESS	5450 BEE CAVE		ルタ、ワーレ
C-TY-ST ZiP	AUSTIN TX 78701		1.4 COY - 9	F-ZIP	AUSTIN ITX, 78	746	•
1007	VD	☐ DELETE	2 1 HILE			€ Ch	nange 🗀 Addition
NAMI	FISH, JANE A		2 2 NAME		- A- D CAUS	D . D .	NG 2-D
STREET ADDRESS	322 CONGRESS AVE.		23 STREET	ADDRESS	5450 BEE CAVE	KLD, DL	6d' 2-8
City-St-Zif	AUSTIN TX 78701		24 CHY-5	iT - ZiP	Prusta .TK . 78	1746	
Tar_E	TD FIGURED 1	☐ DELET€	3 1 TITLE			TO CH	ange Addition
NAME	FISH, RICHARD L		3 2 NAME		5450 BEE LAVE	RD, BLI	ኳ. 3~D
STEEL ADDRESS	322 CONGRESS AVE.		33 STREE	ADDRESS	AUSTIN.TX. 78		
CHY-ST ZIP	AUSTIN TX 78701		3.4 CITY - 9	1 - 7IP	MONTHS (B)	146	
1H.#		DEFEIE	4 1 TITLE			Ch	ange 🔲 Addition
B5MF			4 2 NAME				
\$186F1 ADDRESS			4 3 STHEET	ADDRESS			
O(Y S1-7/2			4 4 C·TY - S	T - ZIF			
TITLE		☐ DELETE	5 1 TITLE			☐ Ch	ange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CHY-ST-ZiP		——————————————————————————————————————	5 4 CITY - S	(- ZIF			
1111.5		□ DELFTE	6 1 TITLE			☐ Ch	ange 🗀 Addition
NAM.			6 2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
ODE SEZIE	contifue to at the lafe		6 4 CITY - S	1-2IP			=
- r4. T do hereby contify that	r ceruiy that the information supplied wit the information indicated on this annual	n this tiling is voluntarily furnished report or supplemental appual re	d and doe enort is tru	s not qualif	fy for the exemption stated in Section 119.	.07(3)(k), Florida !	Statutes. I further

It do needly 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment why an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/96

512-306-9303

Daytime Phone #

CR2E034 (12/9)