

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002323 (2)

1. Corporation Name

COGNITIVE REHABILITATION INSTITUTE, INC.



Principal Place of Business

322 CONGRESS AVE.
AUSTIN TX 78701

Mailing Address

322 CONGRESS AVE.
AUSTIN TX 78701

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 4105 E. FOWLER AVE

2a. Mailing Address

26 5450 BEE CAVE RD.

State, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FL.

27 BLDG. 3-D

28 AUSTIN, TX.

24 33617

Country

29 78746

Country

4. FEI Number

74-2745660

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature of officer or printed name of registered agent and block it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PSD
HERNDON, NEWLIN C JR
322 CONGRESS AVE.
AUSTIN TX 78701

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
FISH, JANE A
322 CONGRESS AVE.
AUSTIN TX 78701

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
5450 BEE CAVE RD., BLDG. 3-D
AUSTIN, TX, 78746

TITLE ☐ DELETE

NAME
TD
FISH, RICHARD L
322 CONGRESS AVE.
AUSTIN TX 78701

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
5450 BEE CAVE RD., BLDG. 3-D
AUSTIN, TX, 78746

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

512-306-9303

Daytime Phone #

CR2E034 (12/95)