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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G54257** (2)

1. Corporation Name
CENTRAL FLORIDA CLINIC FOR REHABILITATION, INC.

Principal Place of Business	Mailing Address
9030 W. FT. ISLAND TRAIL SUITE 11 CRYSTAL RIVER FL 32629 US	9030 W. FT. ISLAND TRAIL SUITE 11 CRYSTAL RIVER FL 34429-2412 US

3. Date Incorporated or Qualified: 08/09/1983
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.: 1570 N. Meadowcrest Blvd
22
23 City & State: Crystal River, Florida
24 Zip: 34429
25 Country: Citrus

2a. Mailing Address
26 Suite, Apt. #, etc.: 1570 N. Meadowcrest Blvd
27
28 City & State: Crystal River, Florida
29 Zip: 34429
30 Country: Citrus

4. FEI Number: 59-2320379 ☐ 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

BROWN, MADELINE G.
1315 N. VANNORTWICK ROAD
LECANTO FL 32661

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1570 N. Meadowcrest Blvd
83
84 City: Crystal River **FL** 85 Zip Code: 34429

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, MADELIDE G 9030 W FORT ISLAND TRAIL - 11BC CRYSTAL RIVER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1570 N. Meadowcrest Blvd Crystal River, Fl 34429
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, CHRISTOPHER S. 9030 W FT ISLAND TR 11BC LECANTO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1570 N. Meadowcrest Blvd Crystal River, Fl 34429
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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

SIGNATURE: Madeline Brown Madeliene G. Brown 4/22/97 352-563-2228