

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 # J67196 (2)

1. Corporation Name

THE REHABILITATION & HUMAN PERFORMANCE CENTER, INCORPORATED



Principal Place of Business

Mailing Address

3441 W UNIV AVE
GAINESVILLE FL 32606
US

3441 W UNIV AVE
SUITE F
GAINESVILLE FL 32606
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4791 NW 8th Ave.

22 City & State

27 Gainesville FL

23 Zip Country

28 32605 29 US

24

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 NW 27TH LANE
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

04/14/1987

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2798616

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

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

See instructions for proper name of registered agent and filing application.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: PST
NAME: CIRULLI, JOSEPH
STREET ADDRESS: 2830 NW 41ST STREET #F
CITY-ST-ZIP: GAINESVILLE FL
2. TITLE: D
NAME: CIRULLI, JOSEPH
STREET ADDRESS: 2830 NW 41ST STREET #F
CITY-ST-ZIP: GAINESVILLE FL
3. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-ST-ZIP: [DELETE]
4. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-ST-ZIP: [DELETE]
5. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-ST-ZIP: [DELETE]
6. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-ST-ZIP: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: [CHANGE] [ADDITION]
2. NAME: [CHANGE] [ADDITION]
3. STREET ADDRESS: [CHANGE] [ADDITION]
4. CITY-ST-ZIP: [CHANGE] [ADDITION]
5. TITLE: [CHANGE] [ADDITION]
6. NAME: [CHANGE] [ADDITION]
7. STREET ADDRESS: [CHANGE] [ADDITION]
8. CITY-ST-ZIP: [CHANGE] [ADDITION]
9. TITLE: [CHANGE] [ADDITION]
10. NAME: [CHANGE] [ADDITION]
11. STREET ADDRESS: [CHANGE] [ADDITION]
12. CITY-ST-ZIP: [CHANGE] [ADDITION]
13. TITLE: [CHANGE] [ADDITION]
14. NAME: [CHANGE] [ADDITION]
15. STREET ADDRESS: [CHANGE] [ADDITION]
16. CITY-ST-ZIP: [CHANGE] [ADDITION]
17. TITLE: [CHANGE] [ADDITION]
18. NAME: [CHANGE] [ADDITION]
19. STREET ADDRESS: [CHANGE] [ADDITION]
20. CITY-ST-ZIP: [CHANGE] [ADDITION]

14. I do hereby 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 with an address.

SIGNATURE:

Joseph D. Cirulli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

Daytime Phone #

CR2E034 (12/95)