## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

(305) 538-4477

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K53404

SIGNATURE:

(5)

2. Principal Place of Bus intes 2. Principal Place of Bus intes 3. Date Incorporated or Cualified 3. Date In	1. Corporation Name REHABILITATION INSTITUTE OF GREATER MIAMI, INC.  Principal Place of Business  C/O ADELE FREUND 400 ARTHUR GODFREY RD 2ND FLOOR MIAMI FL 33140  MIAMI FL 33140-3516								
22, Malling Address   22, Malling Address   25, Malling Address   26, Conflicted For   27, Conflicted of Status Desired   28, 75, Address   27, Conflicted of Status Desired   28, 75, Address   27, Conflicted of Status Desired   28, 75, Address   27, Conflicted of Status Desired   28, Conflicted   28, Conflicted Desired   28, Conflicted   28, Conflicted Desired   28, Conflicted Desired Desired   28, Conflicted Desired Desired   28, Conflicted Desired   28, Conflicted Desired   28, Conflicted Desired   28, Conflicted Desired Desired   28, Conflicted Desired	MINISTER STATE	•	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*.			port
Suite, Apt #, etc.    28	A Drive and Ot	and of Dun your	A Molling Address		······································	<u> </u>	04/06/		
SUID. Apt # Inc.    Suite Apt # Inc.   Suite App # Inc.   Suite Apt # Inc.   Suite Apt # Inc.   Suite Apt # Inc.   Suite Apt # Inc.   Suite App # Inc.   Suite Apt # Inc.   Suite App #	<del></del>	ace or business	<del></del>			[ "			
Cry & State    27		# etc.				00 0000444			
City & State    City & State   City & State   City & State   State   State   State   City & State   St	22	,	·			5. Certificate of Status Desired			
28		9				6. Election Campaign Financing		\$5.00 +	vlav Be
Provide Stabutes  9, Name and Address of Corrent Registered Agent  FREUND, ADELE 400 ARTHUR GODFREY ROAD 2ND FLOOR  MIAMI FL 33140  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83	23	28				Trust Fund Contribution			
9, Name and Address of Current Registered Agent FREUND, ADELE 400 ARTHUR GODPREY ROAD 2ND FLOOR MIAMI FL 33140  80  81  81  82  83  84  84  85  84  85  85  86  87  87  88  88  89  89  89  89  89  80  89  89	<b>—</b>	·	- <del> </del>	—n '		· ·			199.032,
FREUND, ADELE 400 ARTHUR GODFREY ROAD 2ND FLOOR MIAMI FL 33140  88  89  89  80  89  80  80  80  80  8	24			30]					
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ### ADDITIO	COC		it riegistated Agent	81 N	ame	10, Haile and Address of Herr	negisioned Age	,,,,	
MIAMI FL 33140    Big   City   FL   85 Zp Code			FI OOR	-		/D O D			
11. Pursuant to the provision's of Section's 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statute, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam lamiliar with and accept the obligations of. Section 607 0506, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DPS  URISS, CHARLES  12. NAME  12. NAME  13. STREET ADDRESS  CITY-ST-2P  MIAMI FL  OFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  CITY-ST-2P  MIAMI FL  OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12.  15. TITLE  DPS  URISS, CHARLES  12. NAME  13. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12.  15. TITLE  OFFICERS AND DIRECTORS IN 12.  16. Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME  SIREIT ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12.  15. TITLE  OFFICERS AND DIRECTORS IN 12.  16. Change Addition  Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  AMME  SIREIT ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12.  Addition  ADDITIONS/CHANGES IN 12.  Change Addition  Addition			160011	82 8	treet Addre	ss (P.O. Box Number is Not Accep	(able)		
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 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, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes.  SIGNATURE    Signature typed to product name of register's agent and tic. of agrit-cable.   POTT: Registered Agent agent are name and the purpose of changing its registered agent.   DATE				83					
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SIGNATURE					-	_		]	
SIGNATURE	11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida Such change was a	es, the above-na uthorized by the	amed corporation	oration submits this statement for the on's board of directors. I hereby ac	e purpose of cha cept the appoint	anging its ment as r	registered egistered
12	agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.	-				•
12. OFFICERS AND DIRECTORS  ITTLE  DPS DPS DRS DRS DRS DRS DRS DRS DRS DRS DRS DR	SIGNATURE	Pleasables haved by combad a way of man bend one	rul and the if payboahla (MOT)	- Danislaved Agent si	onalire require	d when reinstellant	DATE		····
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City-St-7P	NAME			1.2 NAME					
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NAME   WEISS, TEENA ELLEN   22 MAME   400 ARTHUR GODFREY ROAD   23 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   DELETE   31 TITLE   Change   Addition   NAME   Addition   Additio	·				<u>P</u>				
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CITY-ST-ZIP 64 CITY-\$T-ZIP			A /		DRESS				
			// /						
	14. I do herel	by certify that the information supplie on indicated on this annual report or	t with this filing does not qualif			in Section 119.07(3)(i), Florida Stat	utes. I further ce	rtify that t	he

January 17, 1997