**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # K78214 (9)

1. Corporation Name
**KINGS POINT REHABILITATION CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % OLIVER CRISAN<br>15210 CARTER RD., STE D-1<br>DELRAY BEACH FL 33446 | % OLIVER CRISAN<br>15210 CARTER RD., STE D-1<br>DELRAY BEACH FL 33446 |

3. Date Incorporated or Qualified: 04/06/1989
3a. Date of Last Report: 02/27/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Kings Point Rehabilitation Center, Inc | 26 Kings Point Rehabilition Center, Inc |
| Suite, Apt. #, etc.<br>22 15210 Carter Rd Ste D-1 | Suite, Apt. #, etc.<br>27 15210 Carter Rd Ste D-1 |
| City & State<br>23 Delray Beach, FL | City & State<br>28 Delray Beach, FL |
| Zip / Country<br>24 33446 / 25 USA | Zip / Country<br>29 33446 / 30 USA |

4. FEI Number: 65-0112294 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| CRISAN, OLIVER<br>15210 CARTER RD<br>STE D-1<br>DELRAY BEACH FL 33446 | 81 Name: Nagaraja Tiruvalam<br>82 Street Address (P.O. Box Number is Not Acceptable): 2301 S Congress Ave # 101 H<br>83<br>84 City: Boynton Beach FL 85 Zip Code: 33426 |

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 _____ 4-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | CRISAN, OLIVER | | 1.2 NAME | Nagaraja Tiruvalam | |
| STREET ADDRESS | 15210 CARTER ROAD, # D1 | | 1.3 STREET ADDRESS | 2301 S Congress Ave # 101 H | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 CITY-ST-ZIP | Boynton Beach, FL 33426 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | | | 2.2 NAME | Veronica Warke | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 9926 Lowson Blvd | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | Delray Beach, FL 33446 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | | | 3.2 NAME | Maureen Shachtman | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 795 Piedmont K | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | Delray Beach, FL 33484 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | Ellis Maniquis | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 6224 Lansdowne Circle | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Boynton Beach, FL 33437 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | S/P | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | Oliver Crisan | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 15210 Carter Rd D-1 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Delray Beach, FL 33446 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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: SIGNATURE REQUIRED 4-24-97 561-499-6873