FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L48314** **(3)**

1. Corporation Name
REHABILITATION AND RECOVERY, INC.

Principal Place of Business	Mailing Address
9701 BISCAYNE BLVD. [redacted] MIAMI FL 33138 US	P. O. BOX 330072 MIAMI FL 33233 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1990	3a. Date of Last Report: 04/29/1994
4. FEI Number: NOT APPLICABLE	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERNSTEIN, JOEL 9701 BISCAYNE BLVD. MIAMI FL 33138	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 _____ 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	PD	11 TITLE	☒ Change ☐ Addition
NAME	GREEN, BARTH A.	12 NAME	
STREET ADDRESS	1501 NW 9TH AVENUE	13 STREET ADDRESS	620 SABAL PALM RD
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	LEININGER, JAMES R.	22 NAME	
STREET ADDRESS	8256 TESORO DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LEININGER, JOHN H.	32 NAME	
STREET ADDRESS	8626 TESORO DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	GREEN, JEROME	42 NAME	10180 W. BAY HARBOR DR. #5B
STREET ADDRESS	1501 NW 9TH AVENUE	43 STREET ADDRESS	BAY HARBOR ISLAND, FL. 33154
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	ATD	51 TITLE	☒ Change ☐ Addition
NAME	NOVELLI, LINO	52 NAME	
STREET ADDRESS	1501 NW 9TH AVENUE	53 STREET ADDRESS	720 LAKE ROAD
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL. 33137
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	HARRIS, DOUGLAS	62 NAME	
STREET ADDRESS	SABAL PALM RD	63 STREET ADDRESS	580 SABAL PALM RD
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	MIAMI, FL. 33137

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)(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: Barth A. Green BARTH A. GREEN 4/20/95 3055478485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020010 CP