

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 # **L48314** (3)

1. Corporation Name

REHABILITATION AND RECOVERY, INC.



Principal Place of Business

**9701 BISCAYNE BLVD.
2699 S BAYSOBE DR STE 800B
MIAMI FL 33138
US**

Mailing Address

**P. O. BOX 330072
MIAMI FL 33233
US**

3. Date Incorporated or Qualified
02/02/1990

3a. Date of Last Report
04/28/1995

4. F.E.T. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BERNSTEIN, JOEL
9701 BISCAYNE BLVD.
MIAMI FL 33138**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GREEN, BARTH A.**
STREET ADDRESS **620 SABAL PALM RD.**
CITY-STATE-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **VPD** ☐ DELETE
NAME **LEININGER, JAMES R.**
STREET ADDRESS **8256 TESORO DRIVE**
CITY-STATE-ZIP **SAN ANTONIO TX**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **LEININGER, JOHN H.**
STREET ADDRESS **8626 TESORO DRIVE**
CITY-STATE-ZIP **SAN ANTONIO TX**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **GREEN, JEROME**
STREET ADDRESS **10180 W/ BAY HARBOR DR. # 5B**
CITY-STATE-ZIP **BAY HARBOR ISLAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **ATD** ☐ DELETE
NAME **NOVELLI, LINO**
STREET ADDRESS **720 LAKE ROAD**
CITY-STATE-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **HARRIS, DOUGLAS**
STREET ADDRESS **580 SABAL PALM RD.**
CITY-STATE-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTH A. GREEN **BARTH A. GREEN** 3/18/96 305-573-0335

Date

Daytime Phone

CR2E034 (12/95)