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Jun 02 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 # L48314 (3)

1. Corporation Name
REHABILITATION AND RECOVERY, INC.

Principal Place of Business
9701 BISCAYNE BLVD.
MIAMI, FL. 33138

Mailing Address
P.O. BOX 330072
MIAMI, FL.
USA 33233-0072

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 4/28/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

Zip 24 | Country 25

Zip 29 | Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, BARTH A.		1.2 NAME	
STREET ADDRESS	620 SABAL PALM RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEININGER, JAMES R		2.2 NAME	
STREET ADDRESS	9256 TESORO DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX.		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEININGER, JOHN H.		3.2 NAME	
STREET ADDRESS	9628 TESORO DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO, TX		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JEROME		4.2 NAME	
STREET ADDRESS	10180 W BAY HARBOR DR #SB		4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL.		4.4 CITY-ST-ZIP	
TITLE	ATD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NOVELLI, LINO		5.2 NAME	
STREET ADDRESS	720 LAICE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, DOUGLAS		6.2 NAME	
STREET ADDRESS	580 SABAL PALM RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33137		6.4 CITY-ST-ZIP	

6/6/97

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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: Barth A Green BARTH A. GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #