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

0276906

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90071 010 ***155.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L48314**

1. Corporation Name
REHABILITATION AND RECOVERY, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/02/1990

2. Principal Place of Business	2a. Mailing Address
21 11900 BISCAYNE BLVD	26 11900 BISCAYNE BLVD
Suite, Apt. #, etc. 22 604	Suite, Apt. #, etc. 27 604
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33181 / 25	Zip / Country 29 33181 / 30

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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): 11900 BISCAYNE BLVD
83 SUITE 604
84 City: MIAMI FL 85 Zip Code: 33181

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		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEININGER, JAMES R.		2.2 NAME	
STREET ADDRESS	8256 TESORO DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JEROME		3.2 NAME	
STREET ADDRESS	10180 W/ BAY HARBOR DR. # 5B		3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL		3.4. CITY-ST-ZIP	
TITLE	ATD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NOVELLI, LINO		4. 2 NAME	
STREET ADDRESS	720 LAKE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/10/99 (305)5585100 3055719161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #