

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L49453 (8)**

1. Corporation Name
PREMIER REHABILITATION SERVICES, INC.



Principal Place of Business Mailing Address
MARTIN F. SIMNOWITZ
7539 GREEN LAKE WAY, F
LANTANA FL 33462

3. Date Incorporated or Qualified **02/07/1990** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 **7901 MANOR FOREST LANE** 26 **7901 MANOR FOREST LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Boynton Beach, FL** 28 **Boynton Beach, FL**
24 **33462** 25 **Palm Beach** 29 **33462** 30 **Palm Beach**

4. FEI Number **65-0173859** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
D'AGOSTINO, JOAN R.
7539 GREEN LAKE WAY, F
LANTANA FL 33462

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 Joan R. D'Agostino DATE _____
Signature of the principal place of business registered agent and the applicable registered agent of the corporation.

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JOAN R.	
STREET ADDRESS	7539 GREEN LAKE WAY	
CITY - ST - ZIP	LANTANA FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JOAN R.	
STREET ADDRESS	7539 GREEN LAKE WAY	
CITY - ST - ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMNOWITZ, MARTIN F.	
STREET ADDRESS	7539 GREEN LAKE WAY	
CITY - ST - ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	7901 MANOR FOREST LANE
14 CITY - ST - ZIP	Boynton Beach, FL 33462
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	7901 MANOR FOREST LANE
24 CITY - ST - ZIP	Boynton Beach, FL 33462
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	7901 MANOR FOREST LANE
34 CITY - ST - ZIP	Boynton Beach, FL 33462
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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 if changed, or on an attachment with an address

SIGNATURE: Joan R. D'Agostino, Pres. Date: 4-17-96 641-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)