2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L60585

1. Entity Name

BROWARD INSTITUTE FOR PHYSICAL REHABILITATION, INC.



FILED Mar 24, 2008 08:00 A Secretary of State

NEMADILITATION, INC.					- T- T-	×					
Principal Place	of Business		Mailing Address								
3230 STIRLING RD			3230 STIRLING RD					•			
HOLLYWOOD FL 33021			HOLLYWOOD FL 33021			11		III TIBU BITI SI			
US											
2 Ozinajnal Dla	and of Business	s - No P.O. Box #	3. Mailing Address					iii Bi e ii Bibli Bi	811 E(E)) E(E) E(E		
z. Priscipal Fia	ace of Busines	S - NO P.O. BOX #	a. Maning Address								
Suite, Apt. #	t. etc.		Suite, Apt. #, etc.					2005004	(40.07)		
obite, type it, e.e.						15	st MOORE C	CR2E034	(10/07)		
City & State			City & State			4. FEI Numb	oer		Ar	oplied For	
·							65-0184636			ot Applicable	
Zıp	Country		Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional		ditional			
					5. Cermical	e (ii Sialus Desired	<u></u>	ee Require	d		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
PLOUGHT LANGE LE CONTE						Name					
PLOUCHA, LAWRENCE M ESQUIRE C/O ATKINSON, DINER, STONE & MANKUT					Street Address (P.O. Box Number is Not Acceptable)						
1 FIN	ATKINSU TANCIALI	N, DINER, STON DIAZA SHITE 1/	Q MANNUI				, , , , , , , , , , , , , , , , , , , ,				
1 FINANCIAL PLAZA, SUITE 1400 FORT LAUDERDALE FL 33394											
,					City				Zip Cod	e	
								FL			
			or the purpose of changing its	register	ed office or reg	istered agent, or b	otn, in the State of Flor	ida. ±am f	amiliar with,	and accept	
the coligations of registered agent.											
SIGNATURE Separate Upod or princed came of page and operation use Templication (NOTE Registrate Agent expedient registrate which remains) DATE											
4				F Registrie	o Agent exposturo re	dining whon tolinitation	· · · · · · · · · · · · · · · · · · ·	DATE			
		FEE IS \$150.00					9. Election Campai	na Finance	e s	00 мау Ве	
After May 1, 2008 Fee Will Be \$550.00							Trust Fund Contr			ed to Fees	
Make Check	Payable to F	مالكة أن الأيادا المعالم وحساد الله	C+1 3.1.1.								
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFFIC			S IN 11	
	DP		☐ Deicte	TITL			U000008(Addition	
1	MENDELSOF	•			-		04/08/08-80048-004 150.00				
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		D FL		····							
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1.	HOLLYWOO				-ST-ZIP						
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NAME .			□ De Gic	NAM					Onlange	- Addition	
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NAME				NAM	1						
STREET ADDRESS				STRE	ET ADORESS						
CITY-ST-ZIP				CITY	-SI-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08 (954)963-500