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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L68729** **(7)**

1. Corporation Name

THE REHABILITATION & FITNESS INSTITUTE, INC.

Principal Place of Business	Mailing Address
3335 BURNS ROAD SUITE 201 PALM BCH GARDENS FL 33410	3335 BURNS ROAD SUITE 201 PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified: **04/27/1990**

3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business	2a. Mailing Address
21 3370 Burns Rd	26 3370 Burns Rd.
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Plm Bch Gdns, FL	City & State 28 Plm Bch Gdns, FL
Zip / Country 24 33410 / 25	Zip / Country 29 33410 / 30

4. FEI Number: **52-1686554** ☐ 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

9. Name and Address of Current Registered Agent

GOODMAN, STUART MD
3355 BURNS RD STE 201
PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: Stuart Goodman MD
82 Street Address (P.O. Box Number is Not Acceptable): 3370 Burns Rd. Ste 200
83 Palm Beach Gardens
84 City: FL 85 Zip Code: 33410

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] Stuart Goodman MD 1/25/96
Signature, typed or printed name of registered agent and date (Required) — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, STUART G., M.D. 3355 BURNS RD #204 PALM BEACH GDNS FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Stuart Goodman MD 3370 Burns Rd. Ste 200 Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGNA, IGNACIO, M.D. 3355 BURNS RD #204 PALM BEACH GDNS FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD Ignacio Magana MD 3370 Burns RD., Ste 20 Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCRANEY, STEVEN E. 31 WYNDHAM LN PALM BEACH GDNS FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TD Steven E. McCraney 6 Tarrington Circle Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/25/96 407-627-7855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stuart Goodman MD

CR2E034 (12/95)