

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

**FILED**

**Feb 03 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # L99464 (4)**  
1. Corporation Name  
**AVENTURA COMPREHENSIVE REHABILITATION CENTER, IN  
C.**



Principal Place of Business Mailing Address  
**% SEMET, LICKSTEIN, MORGENSTERN & BERGER**  
~~201 ALHAMBRA CIRCLE, SUITE 1200~~  
~~CORAL GABLES FL 33134~~  
**% SEMET, LICKSTEIN, MORGENSTERN & BERGER**  
~~201 ALHAMBRA CIRCLE, SUITE 1200~~  
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/10/1990	
22 100 SE 2nd St, 17 Fl.		27 100 SE 2nd St, 17 Fl.		4. FEI Number	
City & State		City & State		65-0215095	
23 Miami, FL		28 Miami, FL		Applied For	
Zip		Zip		Not Applicable	
24 33131		29 33131		5. Certificate of Status Desired	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GORDON, HOWARD W. 201 ALHAMBRA CIRCLE SUITE 1200 CORAL GABLES FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		100 SE 2nd St.	
		83 17 Fl.	
		84 City	
		MIAMI	
		FL	
		85 Zip Code	
		33131	

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 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DORTO, ANTHONY J.
NAME	DORTO, ANTHONY J.	1.2 NAME	
STREET ADDRESS	% 201 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	40 100 SE 2nd Street
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D S	2.1 TITLE	FELIZ, MIRIAM
NAME	FELIZ, MIRIAM	2.2 NAME	
STREET ADDRESS	670 201 ALHAMBRA CIRCLE, SUITE 1200	2.3 STREET ADDRESS	40 100 SE 2nd Street
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ 1/8/1998 305 932-4797

CR2E034 (10/97)