ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:44

DOCUMENT # M59036 (7)

1. Corporation Name
BISCAYNE REHABILITATION INSTITUTE, INC.

Principal Place of Business	Mailing Address
C/O MARIE DICOWDEN 20801 BISCAYNE BLVD..STE.307 NORTH MIAMI BCH FL 33180	C/O MARIE DICOWDEN 20801 BISCAYNE BLVD..STE.307 NORTH MIAMI BCH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (23) (28)
Zip (24) Country (25) (29) (30)

4. FEI Number: 65-0003906 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DICOWDEN, MARIE
20801 BISCAYNE BLVD.
#307
MIAMI FL 33180

10. Name and Address of New Registered Agent

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 _____ 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	D	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LUSTGARTEN, GARY J.	1.2 NAME	MARIE A. DI COWDEN Ph.D	
STREET ADDRESS	1100 N.E. 163RD ST	1.3 STREET ADDRESS	20801 BISCAYNE BLVD #307	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LUXENBERG, KENNETH	2.2 NAME		
STREET ADDRESS	1100 N.E. 163RD ST DELETE	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	SECY	☒ Change ☐ Addition
NAME	DICOWDEN, MARIE	3.2 NAME	MARIE A. DI COWDEN Ph.D.	
STREET ADDRESS	20801 BISCAYNE BLVD., #307	3.3 STREET ADDRESS	20801 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33180	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Marie A. Di Cowden Ph.D. 4/4/95 305-932-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIE A. DI COWDEN Ph.D.

0107103 CP