

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09042 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA REHAB. INC.

Principal Place of Business

Mailing Address

8930 NW 99 AVE
GAINESVILLE FL 32606
US

8930 NW 99 AVE
GAINESVILLE FL 32606
US



100001897381

-07/18/96--01008--046

***70.00

3. Date Incorporated or Qualified

05/02/1985

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 4300 NW 89 Blvd

26 4300 NW 89th Blvd

4. FEI Number

59-2547485

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 Gainesville FL

City & State

28 Gainesville FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 32606

Country

25 USA

Zip

29 32606

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J.

8930 NW 99 AVE

GAINESVILLE FL 32606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4300 NW 89 Blvd

83

84

City Gainesville

FL

85

Zip Code 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------|--|
| TITLE | VC | <input checked="" type="checkbox"/> DELETE |
| NAME | O'NEIL, GERALD | |
| STREET ADDRESS | 720 SW 2ND AVE. | |
| CITY-STATE-ZIP | GAINESVILLE FL | |
| TITLE | DC | <input checked="" type="checkbox"/> DELETE |
| NAME | GONZALES, GERARDO | |
| STREET ADDRESS | 8930 NW 39TH AVE. | |
| CITY-STATE-ZIP | GAINESVILLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BENCHIMOL, GEORGE MD | |
| STREET ADDRESS | 8930 NW 39TH AVE. | |
| CITY-STATE-ZIP | GAINESVILLE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PEDDIE, EDWARD C. | |
| STREET ADDRESS | 8930 NW 39TH AVE. | |
| CITY-STATE-ZIP | GAINESVILLE FL | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | LANE, TIMOTHY | |
| STREET ADDRESS | 8930 NW 39TH AVE. | |
| CITY-STATE-ZIP | GAINESVILLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WAGNER, BARRY | |
| STREET ADDRESS | 8930 NW 39TH AVE. | |
| CITY-STATE-ZIP | GAINESVILLE FL | |

| | | |
|--------------------|-----------------------|--|
| 1. TITLE | D/C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. NAME | Carr, Ed.D., Glenna | |
| 13. STREET ADDRESS | 4300 NW 89 Blvd | |
| 14. CITY-STATE-ZIP | Gainesville FL 32606 | |
| 21. TITLE | D/VC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME | Mounger, William | |
| 23. STREET ADDRESS | 4300 NW 89 Blvd | |
| 24. CITY-STATE-ZIP | Gainesville FL 32606 | |
| 31. TITLE | D/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32. NAME | Bennett, Edwin | |
| 33. STREET ADDRESS | 4300 NW 89 Blvd | |
| 34. CITY-STATE-ZIP | Gainesville FL 32606 | |
| 41. TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | Peddie, Edward | |
| 43. STREET ADDRESS | 4300 NW 89 Blvd | |
| 44. CITY-STATE-ZIP | Gainesville, FL 32606 | |
| 51. TITLE | D/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52. NAME | Dinkins, Arnold | |
| 53. STREET ADDRESS | 4300 NW 89 Blvd | |
| 54. CITY-STATE-ZIP | Gainesville FL 32606 | |
| 61. TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62. NAME | Bullard, Audrey | |
| 63. STREET ADDRESS | 4300 NW 89 Blvd | |
| 64. CITY-STATE-ZIP | Gainesville, FL 32606 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

NO9042

2.2

North Central Florida Rehab, Inc.
(Addendum to 1996 Corporation Annual Report)

D Daniels, Al, 4300 NW 89 Blvd, Gainesville, FL 32606

D French, Royal, 4300 NW 89 Blvd, Gainesville, FL 32606

D Martsof, Mary, 4300 NW 89 Blvd, Gainesville, FL 32606

D Nell, Cathy, 4300 NW 89 Blvd, Gainesville, FL 32606

D Townsend, Wallace, 4300 NW 89 Blvd, Gainesville, FL 32606

Asst Secretary Hughey, Philip J. 4300 NW 89 Blvd, Gainesville FL 32606