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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31065** (8)

1. Corporation Name

CARDIAC REHABILITATION ROWING PROJECT, INC.



Principal Place of Business

Mailing Address

3941 MIDWAY ST
200 S. BISCAYNE BLVD.
COCONUT GROVE FL 33133
US

P O BOX 331820
200 S. BISCAYNE BLVD.
COCONUT GROVE FL 33233-1820
US

3. Date Incorporated or Qualified
03/08/1989

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 **3941 Midway St.**

26 **PO Box 331820**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Coconut Grove, FL**

28 **Coconut Grove, FL**

24 Zip **33133**

25 Country **Dade**

29 Zip **33233**

30 Country **Dade**

4. FEI Number
65-0116999

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

10. Name and Address of New Registered Agent

KLINE, CHARLES C.
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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 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: Berckmans, Bruce Jr. President 28 April 1997
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 ☐ DELETE
NAME **DPY**
STREET ADDRESS **BERCKMANS, BRUCE JR.**
CITY-ST-ZIP **3941 MIDWAY STREET**
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DVS**
STREET ADDRESS **MARTINEZ, ROBERTO**
CITY-ST-ZIP **201 S. BISCAYNE, #900**
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TERRY, LAWRENCE**
CITY-ST-ZIP **9440 NW 12TH STREET**
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WOOLF, PATRICIA K.**
CITY-ST-ZIP **190 MERCER STREET**
PRINCETON NJ

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COMTE, WILLIAM H.**
CITY-ST-ZIP **5000 UNIVERSITY DRIVE**
MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: Berckmans, Bruce Jr. President 28 April 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033923

CP2E037 (9/96)