SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE [illegible] MINIMUM AMOUNT DUE TO REINSTATE: $395

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N92000000082 (9)

1. Corporation Name
GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
555 S.W. 148TH AVE. SUNRISE FL 33325	555 S.W. 148TH AVE. SUNRISE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0241887 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Memorial Regional Hospital	26
22 3501 Johnson Street	27 P.O. BOX 22054
23 Hollywood, FL	28 HOLLYWOOD, FL
24 33021	29 33022
25 Country	30 Country

9. Name and Address of Current Registered Agent

SCHILLING, LISA
555 SW 148 AVE
SUNRISE FL 33325

10. Name and Address of New Registered Agent

81 Name: Marsha Sue Prow
82 Street Address (P.O. Box Number is Not Acceptable): 2196 NW 87 LANE
83
84 City: SUNRISE FL 85 Zip Code: 33322

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: Marsha Sue Prow Marsha Prow 7/25/95
Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ROSENFELD, ILISE	12 NAME	
STREET ADDRESS	4225 W 20TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DEFFENDALL, DAN	22 NAME	
STREET ADDRESS	300 ROYAL PALM WAY	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	ARCHER, ELIZABETH	32 NAME	
STREET ADDRESS	4300 ALTON RD	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	SCHILLING, LISA	42 NAME	
STREET ADDRESS	555 SW 148 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	DICOMO, KAROLYN	52 NAME	
STREET ADDRESS	6414 13TH RD S	53 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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

SIGNATURE: [illegible] Dan Deffendall 7/26/95 (305) 655-2266
(SIGNATURE OF CURRENT OFFICER OR DIRECTOR) (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone Number)

0010400