

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 # N93000001664 (2)

1. Corporation Name

LIFECARE INSTITUTE, INC.



Principal Place of Business

Mailing Address

2622 NW 118TH DR.
CORAL SPRINGS FL 33065
US

2622 NW 118TH DR.
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, DENNIS P
2622 NW 118TH DR.
CORAL SPRINGS FL 33065

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 in the State of Florida. Each 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

Dennis P. Williams
Signature, typed or printed name of registered agent and title if applicable

DENNIS P. WILLIAMS

2-15-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILLIAMS, DENNIS P
STREET ADDRESS 2622 N.W. 118TH DR.
CITY - ST - ZIP CORAL SPRINGS FL 33065

☐ DELETE

1.1 TITLE D
1.2 NAME JANET JOHNSON
1.3 STREET ADDRESS 2622 NW 118 DRIVE
1.4 CITY - ST - ZIP CORAL SPRINGS, FL 33065

☐ Change

☒ Addition

TITLE D
NAME SMITH, DEREK
STREET ADDRESS 3161 NW 69TH ST
CITY - ST - ZIP FT LAUDERDALE FL 33309

☒ DELETE

2.1 TITLE D
2.2 NAME LEINA JO WILLIAMS
2.3 STREET ADDRESS 2622 NW 118 DRIVE
2.4 CITY - ST - ZIP CORAL SPRINGS, FL 33065

☐ Change

☒ Addition

TITLE D
NAME WILLIAMS, JUDY M
STREET ADDRESS 2622 N.W. 118 DR.
CITY - ST - ZIP CORAL SPRINGS FL 33065

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change

☐ Addition

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:

Dennis P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS P. WILLIAMS

Date

2/15/96

(954)

341-6134
Daytime Phone #

CR2E037 (12/95)