

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
**2622 NW 118TH DR.
CORAL SPRINGS FL 33065
US**

Mailing Address
**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

4. FEI Number
65-0456171

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

9. Name and Address of Current Registered Agent
**WILLIAMS, DENNIS P
2622 NW 118TH DR.
CORAL SPRINGS FL 33065**

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 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. 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: *Dennis P. Williams* **DENNIS P. WILLIAMS** DATE: **2-15-96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, DENNIS P | |
| STREET ADDRESS | 2622 N.W. 118TH DR. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, DEREK | |
| STREET ADDRESS | 3161 NW 69TH ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, JUDY M | |
| STREET ADDRESS | 2622 N.W. 118 DR. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JANET JOHNSON | |
| 1.3 STREET ADDRESS | 2622 NW 118 DRIVE | |
| 1.4 CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LEINA JO WILLIAMS | |
| 2.3 STREET ADDRESS | 2622 NW 118 DRIVE | |
| 2.4 CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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* **DENNIS P. WILLIAMS** DATE: **2/15/96** (954) DAYTIME PHONE: **341-6134**

CR2E037 (12/95)