FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 16 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000002045 (3)

1. Corporation Name

AMERICAN SUBACUTE CARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1440 KENNEDY CAUSEWAY SUITE 421 NORTH BAY VILLAGE FL 33141 US	1440 KENNEDY CAUSEWAY SUITE 421 NORTH BAY VILLAGE FL 33141 US

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0409361 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURTON, RICHARD J
% RICHARD J BURTON ESQ
1815 GRIFFIN RD SUITE 403
DANIA FL 33004

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	GOKA, RICHARD S MD	1.2 NAME	Steve Adams, VP Mktg & Communication
STREET ADDRESS	5780 N PALM AVE SUITE 103	1.3 STREET ADDRESS	Horizon Healthcare,400 Centre St.
CITY-ST-ZIP	FRESNO CA 93704	1.4 CITY-ST-ZIP	Newton, MA 02158
TITLE	DS	2.1 TITLE	DP-Elect ☒ Change ☐ Addition
NAME	ARAKAKI, ALVIN H CIRS	2.2 NAME	Robert Craig
STREET ADDRESS	1620 GREYCASTLE AVE	2.3 STREET ADDRESS	Covenant Care 30320 Rancho Viejo Rd
CITY-ST-ZIP	MONTEBELLO CA 90640	2.4 CITY-ST-ZIP	San Juan Capistrano, CA 92675
TITLE	PD	3.1 TITLE	DVP ☒ Change ☐ Addition
NAME	GOKA, RICHARD S.	3.2 NAME	Harriet S. Gill Suite 412
STREET ADDRESS	5740 N. PALM AVENUE, SUITE 103	3.3 STREET ADDRESS	Gill/Balsono Conslts 10 Piedmont Ct
CITY-ST-ZIP	FRESNO CA	3.4 CITY-ST-ZIP	Atlanta, GA 30305
TITLE	PD	4.1 TITLE	DS ☒ Change ☐ Addition
NAME	ADAMS, STEVE	4.2 NAME	Jane Montgomery,RN
STREET ADDRESS	400 CENTER STREET	4.3 STREET ADDRESS	Regency Health Svcs. 2742 Dow Ave.
CITY-ST-ZIP	NEWTON MA	4.4 CITY-ST-ZIP	Tustin, CA 92680
TITLE	VPD	5.1 TITLE	DT ☒ Change ☐ Addition
NAME	CRAIG, ROBERT	5.2 NAME	Maureen L. Barry,RN,BSN
STREET ADDRESS	411 HACKENSACK AVENUE	5.3 STREET ADDRESS	MetLife 57 Greens Farm Rd
CITY-ST-ZIP	HACKENSACK NJ	5.4 CITY-ST-ZIP	Westport, CT 06880
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, JANE	6.2 NAME	
STREET ADDRESS	3636 BIRCH STREET, SUITE 195	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	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)(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/ADDED on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043174