


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000639 (2)**

1. Corporation Name

**COMPREHENSIVE REHABILITATION, INC.**



Principal Place of Business <b>KINGS POINT PROFESSIONAL BLDG. 15127 CARTER RD. STE. 106 DELRAY BEACH FL 33446</b>		Mailing Address <b>KINGS POINT PROFESSIONAL BLDG. 15127 CARTER RD. STE. 106 DELRAY BEACH FL 33446</b>		3. Date Incorporated or Qualified <b>02/06/1996</b>	
2. Principal Place of Business <b>21 15127 Carter Road</b> Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>Delray Beach</b> Zip <b>33446</b> Country <b>USA</b>		2a. Mailing Address <b>26 15127 Carter Road</b> Suite, Apt. #, etc. <b>Suite 101</b> City & State <b>Delray Beach</b> Zip <b>33446</b> Country <b>USA</b>		4. FEI Number <b>65-0644746</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COEL, MARK A ESQ.  
4000 HOLLYWOOD BLVD.  
SUITE 350, NORTH TOWER  
HOLLYWOOD FL 33021**

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCK, GEORGE MD	1.2 NAME	
STREET ADDRESS	15127 CARTER RD SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLMAN, ROBERT MD	2.2 NAME	
STREET ADDRESS	15127 CARTER RD SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENSON, BRUCE MD	3.2 NAME	Bruce Berenson
STREET ADDRESS	15127 CARTERR ROAD SUITE 101	3.3 STREET ADDRESS	15127 Carter Road, Suite 101
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach, FL
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLMAN, ROBERT MD	4.2 NAME	
STREET ADDRESS	15127 CARTER RD SUITE 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*George R. Luck* **George R. Luck** 1/10/98 561-495-4399

CR2E037 (1097)