## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR(99) REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

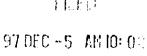
Secretary of State

DIVISION OF CORPORATIONS

## N96000006434 **DOCUMENT #**

1. Corporation Name

## **CLEVELAND CLINIC FLORIDA HOSPITAL COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY INCORPORATED**



SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Maitir			ess					
5200 N.W. 33RD AVENUE		5200 N.W. 33	5200 N.W. 33RD AVENUE					
SUITE 109 SUITE		SUITE 109			100   101   101   102   102   103			
FORT LAUDERDALE FL 33309 FORT LAU		FORT LAUDE	ERDALE FL 33309					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
			ing Office Address, If Applicable		A Data languaged on One World			
2. New Principal Office Address, if Applicable			ing Office Addicas, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/17/1996			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, etc.					
Daile, Pet. II, Old.					5. FEI Number Applied For			
City & State		City & State	City & State		65-07/3791 Not Applicable		Not Applicable	
					6\$8.75 Additional Fee required			
<b>Z</b> ip	Country	Zip	Countr	y	CERTIFICATE	OF STATUS DESIRED (or a C	Certificate of Status	
			<u></u>		l			
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)								
Title (a)	Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		City / State / Zip			
1 (16(6)								
D	GORENSEK, MARGARET		3000 W. CYPRESS CREEK ROAD			FORT LAUDERDALE FL 33309		
_						7 711 210021121122 7 2 00000		
D	D HARRINGTON, DANIEL J		9500 EUCLID AVENUE		CLEVELAND OH 44195			
D	D HENTERLY, KAREN		9555 ROCKSIDE ROAD, SUITE 300		n	VALLEY VIEW OH 44125		
TILITICIET, IVALET		8333 NOONOIDE NOAD, COILE 600		TOLLET VIEW OIL TELEV				
D MIXON, A. MALACHI III		9500 EUCLID AVENUE		CLEVELAND OH 44195				
D MOON, HARRY M.D.			3000 W. CYPRESS CREEK ROAD		FORT LAUDERDALE FL 33309			
moon, mant m.b.			3000 W. CIPRESS CHEEK HOAD		FORT LAUDERDALE FL 33309			
							0.1110	
	F*\$ F = 0 E E C 5			THE BUT BUT HE SE HERE IN MINING				
					TATEMENT (11) 12/5/97			
6. Name and Address of Communic Designation of Samuel			J	IL A PROVIDE DE SELECTION DE		Name and Address of New Registered Agent		
8. Name and Address of Current Registered Agent Name					9. Name and A	tudiess of New Programma August	<u>'</u>	
ANDREW SERVICE CORPORATION OF FLORIDA								
<b>.</b>					P.O. Box Number is Not Acceptable)			
<b>6</b> 7	OUTH BISCAYNE BLVD.							
/ SUITE 2900			Suite, Apt. #, Etc.			-12/10/970110	3=-004	
€ MIAMI FL 33131						****236.25 ****236.25		
•			City			State   Zip Code		
<u> </u>						<b>FL</b>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Man death fret leve tan								
Registered Agent Date								
REGISTERED GENT MUST SIGN								
11. This corporation owes or has paid the current year								
Intangible Personal Property tax due June 30. Yes						No See other side for information on intangible tax.)		
Intallybor disorial ribberty tax due dulle 30. Tes Ell NO Ell								
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling								
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated								
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								

113-97 (216)447-8640