

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006434 (2)**

1. Corporation Name

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



Principal Place of Business 5200 N.W. 33RD AVENUE SUITE 109 FORT LAUDERDALE FL 33309		Mailing Address 5200 N.W. 33RD AVENUE SUITE 109 FORT LAUDERDALE FL 33309		3. Date Incorporated or Qualified 12/17/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0713791	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 SOUTH BISCAYNE BLVD. SUITE 2900 MIAMI FL 33131				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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORENSEK, MARGARET	1.2 NAME	
STREET ADDRESS	3000 W. CYPRESS CREEK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, DANIEL J	2.2 NAME	
STREET ADDRESS	9500 EUCLID AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENTERLY, KAREN	3.2 NAME	
STREET ADDRESS	9555 ROCKSIDE ROAD, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY VIEW OH 44125	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, A. MALACHI III	4.2 NAME	
STREET ADDRESS	9500 EUCLID AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, HARRY M.D.	5.2 NAME	
STREET ADDRESS	3000 W. CYPRESS CREEK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *[Signature]* 3/13/97 (216)520-4515

CR2E037 (10/97)