

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15977** (2)

1. Corporation Name

AMERICAN INTERNATIONAL HEALTH & REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

**400 INTERPACE PKWY BLDG A
PARSIPPANY NJ 07054**

**70 PINE STREET
27TH FLOOR
NEW YORK NY 10270**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1987

3a. Date of Last Report

06/03/1994

4. FEI Number

13-3368031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 109.039
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature (required) when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ROUSSEAU, RALPH**
STREET ADDRESS **400 INTERPACE PARKWAY**
CITY, ST, ZIP **PARSIPPANY NJ 07054**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE **VC**
NAME **BIEL, ALEXANDER**
STREET ADDRESS **400 INTERPACE PARKWAY**
CITY, ST, ZIP **PARSIPPANY NJ 07054**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE **S**
NAME **TUCK, ELIZABETH M.**
STREET ADDRESS **70 PINE STREET**
CITY, ST, ZIP **NEW YORK NY 10270**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE **T**
NAME **DOOLEY, WILLIAM N.**
STREET ADDRESS **70 PINE STREET**
CITY, ST, ZIP **NEW YORK NY 10270**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE **D**
NAME **GREENBERG, M.R.**
STREET ADDRESS **70 PINE STREET**
CITY, ST, ZIP **NEW YORK NY 10270**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE **D**
NAME **GREENBER JEFFREY**
STREET ADDRESS **70 PINE STREET**
CITY, ST, ZIP **NEW YORK NY 10270**

6.1 TITLE ☐ Change ☐ 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)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth M. Tuck
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth M. Tuck - Secretary

4-20-95 (212) 770-7000

Date

Signature Page 4