

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15977 (2)
 1. Corporation Name
AMERICAN INTERNATIONAL HEALTH & REHABILITATION SERVICES, INC.



Principal Place of Business
400 INTERPACE PKWY BLDG A
PARSIPPANY NJ 07054

Mailing Address
70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270-0002
US

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

3. Date Incorporated or Qualified 09/15/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 13-3368031	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current 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. City	
84. State	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	ROUSSEAU, RALPH	
STREET ADDRESS	400 INTERPACE PARKWAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VC	☐ DELETE
NAME	BIEL, ALEXANDER	
STREET ADDRESS	400 INTERPACE PARKWAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	S	☐ DELETE
NAME	TUCK, ELIZABETH M.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	T	☐ DELETE
NAME	DOOLEY, WILLIAM N.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	D	☐ DELETE
NAME	GREENBERG, M.R.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	D	☒ DELETE
NAME	SMITH, WILLIAM D	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	C/D	
6.3 STREET ADDRESS	Sandler, Robert M.	
6.4 CITY-ST-ZIP	70 Pine Street	
	New York, NY 10270	

14. I do 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 607, 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* 4/29/97 (212) 770-7000

CR2E034 (9/96)