

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000004300 (9)

1. Corporation Name

DREEBEN THERAPY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~3000 S OCEAN BLVD
SUITE 1205
BOCA RATON FL 33432~~

~~3000 S OCEAN BLVD
SUITE 1205
BOCA RATON FL 33432~~

145 EGGLET DRIVE
JUPITER, FLA 33458

145 EGGLET DRIVE
JUPITER, FLA 33458

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

29 30 10. Name and Address of New Registered Agent

RUMIN, EDWARD R
2500 N FEDERAL HIGHWAY
SUITE 201
FORT LAUDERDALE FL 33305

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. Thereby 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 the filer if applicable

(Print, Fill in, or Sign as appropriate, if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME DREEBEN, HAROLD
STREET ADDRESS ~~3000 S OCEAN BLVD SUITE 1205~~ 145 EGGLET DR
CITY-ST-ZIP ~~BOCA RATON FL 33432~~ JUPITER, FLA 33458
2. TITLE D
NAME DREEBEN, OLGA
STREET ADDRESS ~~3000 S OCEAN BLVD SUITE 1205~~
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished, 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 and my name appears in Block 12 or Block 13 if applicable, or in the attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

3-28-96

(305) 940-0077

Director Phone #

CR2E034 (12/95)