

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000010970 (9)

1. Corporation Name

CENTERS FOR PROFESSIONAL REHABILITATION, INC.



Principal Place of Business

2780 NE 183RD ST.  
SUITE 1807  
AVENTURA FL 33160

Mailing Address

2780 NE 183RD ST.  
SUITE 1807  
AVENTURA FL 33160

3. Date Incorporated or Qualified  
02/09/1994

3a. Date of Last Report  
05/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
65-0468987

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

10. Name and Address of New Registered Agent

CROWN, BRUCE N ESO  
15490 N.W. 7TH AVE.  
MIAMI FL 33169

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 office address.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	MATUSOW, LEE	777 N.E. 79TH ST. MIAMI FL 33138	<input checked="" type="checkbox"/> DELETE															
	D P	MATUSOW, LEE	2780 NE 183RD. ST. SUITE 1807 AVENTURA FL 33160	<input checked="" type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-ST-ZIP
	P.S.D	MATUSOW, LEE	2780 NE 183 ST. #1807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition															
			Aventura FL. 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
				<input type="checkbox"/> Change <input type="checkbox"/> Addition															
				<input type="checkbox"/> Change <input type="checkbox"/> Addition															
				<input type="checkbox"/> Change <input type="checkbox"/> Addition															
				<input type="checkbox"/> Change <input type="checkbox"/> Addition															
				<input type="checkbox"/> Change <input type="checkbox"/> Addition															
				<input type="checkbox"/> Change <input type="checkbox"/> Addition															

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)(k), 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: Lee Matusow P/D 1/18/96 305-798-4040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)