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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

DOCUMENT # P94000056531 (4)

1. Corporation Name
AWAKENING REHAB, INC.



Principal Place of Business

3680 N. 58TH AVE.
#814
HOLLYWOOD FL 33021

Mailing Address

3680 N. 58TH AVE.
#814
HOLLYWOOD FL 33021-2276

2. Principal Place of Business

21 826 NW 13 AVE.

2a. Mailing Address

26 826 NW 13 AVE.

Suite, Apt. #, etc.

22 A

Suite, Apt. #, etc.

27 A

City & State

23 Dania, FL.

City & State

28 Dania, FL.

Zip

24 33004

Country

25 United States

Zip

29 33004

Country

30 United States

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0508048

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

8. Name and Address of Current Registered Agent

LILIANA VIDAL
3680 N. 58TH AVE.
SUITE #814
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent (Change in address)

81 Name

Liliana Vidal

82 Street Address (P.O. Box Number is Not Acceptable)

826 NW 13 Ave. # A

83

84 City

Dania,

FL

85 Zip Code

33004

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME VIDAL, LILIANA
STREET ADDRESS 3680 N. 58TH AVE. #814
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Vidal, Liliana
1.3 STREET ADDRESS 826 NW 13 Ave. # A.
1.4 CITY-ST-ZIP Dania, FL. 33004

☒ Change ☐ Addition
in address

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

Liliana Vidal, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 (954) 921-1712
Date Daytime Phone #

CR2E034 (9/96)