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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000057231 (0)**

1. Corporation Name

SOUTH FLORIDA REHABILITATION INSTITUTE INC.

Principal Place of Business	Mailing Address
5912 OKEECHOBEE BLVD WEST PALM BEACH FL 33417	5912 OKEECHOBEE BLVD WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0508477 ☐ 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

CARRAZANA, LUIS E.
17807 CROOKED OAK AVENUE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: LUIS E. CARRAZANA
82 Street Address (P.O. Box Number is Not Acceptable): 2025 Lavers Circle, D-207
83
84 City: Delray Beach FL 85 Zip Code: 33444

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: Luis E. Carrazana LUIS E. CARRAZANA / Secretary March 19, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARRAZANA, LUIS % 5912 OKEECHOBEE BLVD WEST PALM BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S/D LUIS E. CARRAZANA 2025 Lavers Circle, D-207 Delray Beach, FL 33444	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COPENHAVER, PAUL A % 5912 OKEECHOBEE BLVD WEST PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D Paul Copenhaver 8339 Garden Gate Place Boca Raton, FL 33433	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDT DONAHUE, CYNTHIA % 5912 OKEECHOBEE BLVD WEST PALM BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D Cynthia Donahue 6647 Eagle Circle Delray Beach, FL 33444	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D A. Ronald Peterson 109 Starling Ave. Boynton Beach, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Luis E. Carrazana March 19, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #