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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33417-4324

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 7657 Lake Worth Road
Suite, Apt. #, etc.
27
City & State
28 Lake Worth, Florida
Zip 29 33467 Country 30 USA

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
2025 LAVERS CIRCLE,D-207
DELRAY BCH FL 33444

10. Name and Address of New Registered Agent

81 Name: Luis E Carrazana
82 Street Address (P.O. Box Number is Not Acceptable): 7657 Lake Worth Road
83
84 City: Lake Worth FL 85 Zip Code: 33467

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		■ Change ☐ Addition
NAME	CARRAZANA, LUIS		1.2 NAME		
STREET ADDRESS	% 5912 OKEECHOBEE BLVD		1.3 STREET ADDRESS	7657 Lake Worth Rd	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	Lake Worth, Florida 33467	
TITLE	PD	☐ DELETE	2.1 TITLE		■ Change ☐ Addition
NAME	COPENHAVER, PAUL A		2.2 NAME		
STREET ADDRESS	% 5912 OKEECHOBEE BLVD		2.3 STREET ADDRESS	7657 Lake Worth Rd	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	Lake Worth, Florida 33467	
TITLE	VDT	☐ DELETE	3.1 TITLE		■ Change ☐ Addition
NAME	DONAHUE, CYNTHIA		3.2 NAME		
STREET ADDRESS	% 5912 OKEECHOBEE BLVD		3.3 STREET ADDRESS	7657 Lake Worth Rd	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	Lake Worth, Florida 33467	
TITLE	SD	■ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARRAZANA, LUIS E		4.2 NAME		
STREET ADDRESS	2025 LAVERS CIRCLE,D-207		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE	PD	■ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COPENHAVER, PAUL		5.2 NAME		
STREET ADDRESS	8339 GARDEN GATE PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	VD	■ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DONAHUE, CYNTHIA		6.2 NAME		
STREET ADDRESS	667 EAGLE CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Luis E Carrazana Luis E Carrazana 3/18/1997 (561)642-6836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #