

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 # P95000005281 (7)

1. Corporation Name

NEW HORIZONS REHAB. INC.



Principal Place of Business

Mailing Address

701 W CYPRESS CREEK RD. 303  
FT LAUDERDALE FL 33309

701 W CYPRESS CREEK RD. 303  
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 2929 E. Commercial

26 P.O. Box 5008

4. FEI Number

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 ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 33308

25 U.S.

29 33310

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUELS, LEONARD K ESQ.  
C/O BERGER & DAVIS, P.A.  
100 N.E. 3RD AVE., SUITE 400  
FT. LAUDERDALE FL 33301

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 607.0532 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME BROWN, JAMES A  
STREET ADDRESS 2281 NW 39TH DR  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☒ DELETE

NAME FRANCIS, SUSAN G  
STREET ADDRESS 4410 NW 113TH TER  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME CHAIRMAN  
STREET ADDRESS RALPH ROSENBERG  
CITY-ST-ZIP 1800 NE 114TH ST  
MIAMI, FL 33181

TITLE ☐ DELETE

NAME J. P.  
STREET ADDRESS WILLIAM GUNNE  
CITY-ST-ZIP 1663 N ATLANTIC BLVD.  
FT. LUD. FL 33305

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS

64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)