

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 # P95000015512 (3)

1. Corporation Name

LAKE WORTH REHABILITATION ASSOCIATES INC.

Principal Place of Business

7173-7179 LAKE WORTH ROAD
LAKE WORTH FL 33467

Mailing Address

7173-7179 LAKE WORTH ROAD
LAKE WORTH FL 33467



2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation or Qualified		3a. Date of Last Report	
21		26		02/23/1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0557438		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24		29		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418				81 Name Luis E. CARRAZANA 82 Street Address (P.O. Box Number is Not Acceptable) 2025 Savers 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: <i>Luis E. Carrazana</i> Luis E. CARRAZANA / Secretary 3/19/1996 (Signature, typed or printed name of registered agent and board of directors) (Typed Name of Registered Agent) (Date)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D PETERSON, A R <input checked="" type="checkbox"/> DELETE				1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME PETERSON, A R				1.2 NAME Paul Copenhagen			
STREET ADDRESS % 7173-7179 LAKE WORTH ROAD				1.3 STREET ADDRESS 8339 Garden Gate Place			
CITY-ST-ZIP LAKE WORTH FL 33467				1.4 CITY-ST-ZIP Boca Raton, FL 33433			
TITLE D <input checked="" type="checkbox"/> DELETE				2.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME PETERSON, CARMEN				2.2 NAME Cynthia Donahue			
STREET ADDRESS % 7173-7179 LAKE WORTH ROAD				2.3 STREET ADDRESS 667 Eagle Circle			
CITY-ST-ZIP LAKE WORTH FL 33467				2.4 CITY-ST-ZIP Delray Beach, FL 33444			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME A. Ronald Peterson				3.2 NAME A. Ronald Peterson			
STREET ADDRESS				3.3 STREET ADDRESS 109 Starling Ave.			
CITY-ST-ZIP				3.4 CITY-ST-ZIP Royal Palm Beach, FL 33411			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME LUIS E. CARRAZANA				4.2 NAME LUIS E. CARRAZANA			
STREET ADDRESS				4.3 STREET ADDRESS 2025 Savers Circle, D-207			
CITY-ST-ZIP				4.4 CITY-ST-ZIP Delray Beach, FL 33444			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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

March 19, 1996

Date: Daytime Phone:

CR2E034 (12/95)