

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 29 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PAF0000038966

IMPRACASIAL REHABILITATION CENTERS, INC

Principal Place of Business

Mailing Address

2500 E. HALLANDALE BOUL. BLDG.
SUITE 201
HALLANDALE, FL 33009

REINSTATEMENT 96-617

2. Principal Place of Business

2a. Mailing Address

21 2500 E. HALLANDALE BOUL. BLDG.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

City & State

City & State

23 HALLANDALE, FL

Zip

Country

Zip

Country

24 33009

25 FLORIDA

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

MAY 17, 1995

4. FEI Number

Applied For

65-0691540

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

10. Name and Address of New Registered Agent

81 Name

82 KENNETH LIEBERMAN

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

4400 W. SAMPLE RD

84 Suite 114

City

COCONA CREEK

FL

85 Zip Code

33013

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE

NAME PETER BARN

STREET ADDRESS 3650 INVERARY DR

CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

OWNER/PRESIDENT ☐ Change ☒ Addition

ELIZABETH HERNANDEZ

2000 TOWERSIDE TERR. #2004

MIAMI, FL 33138

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I 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 am not certifying 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. I changed the information on an attachment with an address.

CR2F034 (9/96)