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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057995 (9)

1. Corporation Name  
BROWARD REHAB CENTER, INC.



Principal Place of Business  
3662 W OAKLAND PL BLVD.  
LAUDERDALE LAKES FL 33311

Mailing Address  
3662 W OAKLAND PL BLVD.  
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 2659 W OAKLAND PL BLVD SUITE

City & State

23 LAUDERDALE LAKES FL

Zip

24 33311

Country

25 FLORIDA

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

28 33311

Country

29 FLORIDA

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3322692

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

BENJAMIN, HAROLD L  
5208 PEMBROKE ROAD  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME GREENBERG, RUDOLPH  
STREET ADDRESS 2500 W COUNTRY CLUB RD  
CITY-ST-ZIP NO MIAMI FL 33180

TITLE PD ☒ DELETE

NAME LEWIN, ROBERT  
STREET ADDRESS 13731 STIRLING RD  
CITY-ST-ZIP FT. LAUDERDALE FL 33330

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME DEBRA LEWIN

1.3 STREET ADDRESS 13731 STIRLING RD

1.4 CITY-ST-ZIP FT LAUDERDALE FL 33330

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*[Signature]*

4/6/2/97

454-981-9040

CR2E034 (9/96)