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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077313 (1)

CENTER FOR REHABILITATION OF FLORIDA, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					109 HILL HUUU HIR IULI	
7800 W. CAMINO REAL 210 HARCUS BLV		210 HARCUS BLVD				
BOCA RATON FL 33433		HAUPPAUGE NY 11788		DO NOT WRITE IN THIS SPA	DO NOT MOITE IN THE SPACE	
ł				3. Date Incorporated or Qualified	<del>\(\cup \)</del>	
				10/09/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 210 MARCHI	BLVO.	65-0622970	Not Applicable	
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional	
22	<del></del>	27		b, Commodite of Grands Desired	Fee Required	
City & State	9	City & State	N.Y		\$5.00 May Be	
Zip	Country	28 HAUPPAUSE	Country	Trust Fund Contribution	Added to Fees	
24	25	29 11768 30		8. This corporation owes or has paid the curren Personal Property Tax due June 30.		
1-11	9. Name and Address of Current	100	1	10. Name and Address of New Registered Age		
C	CORPORATION SYSTEMS		81 Name	e		
1200 S. PINE ISLAND ROAD			82 Street	et Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				The state of the s		
			83			
			84 City	[	85 Zip Code	
				<b>├</b> ┗ ∖		
11. Pursuant office or r	<b>to the</b> provisions of Sections 607.0502 egistered agent, or both, in the State in in familiar with, and accept the obliga	<sup>a</sup> and 607.1508, Florida Statutes, of Florida. Such change was auth dions of Section 607.0 <b>50</b> 5. Florid	the above-named horized by the coll ta Statutes	ed corporation submits this statement for the purpose of chorporation's board of directors. I hereby accept the appoin	ranging its registered itment as registered	
SIGNATURE	The transfer in the discount in the orange.	100 cm, 000000000000000000000000000000000	an otototos:		,	
- GIGITATIONE	Signature, typed or printed native of registered agen		legistered Agent signatur	ure required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	PC FORMAN, RICHARD	DELETE :	1.1 DILE		Change	
NAME	17657 FOX BOROUSH LANE		1.2 NAME	FORMAN RICHARD 7139 QUOEN FORNY CIA.	1	
STREET ADDRESS	BOCA RATON FL 33432		1.3 STREET ADDRESS	BOCA RATON FL.	<b> </b>	
CITY-ST-ZIP TITLE	DST	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME	HOLLAND, KAREN		2.2 NAME		, change (taching)	
STREET ADDRESS	8 SADDLER TRAIL		2.3 STREET ADDRESS	ş (	ĺ	
CITY-ST-ZIP	HOBE SOUND FL 33455		2 4 CITY-ST-ZIP			
TITLE	VD	DELETE	31 TITLE		Change Addition	
NAME	Libutti, Phyllis		3.2 NAME			
STREET ADDRESS	291 BLACKHEATH RD		3.3 STREET ADDRESS		Į	
CITY-ST-ZIP	LIDO BEACH NY 11561		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	5		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - 7IP 5.1 TITLE	<u> </u>	Change Addition	
NAME		ר ו מנרכונ	5.2 NAME		, Undange L J Addition	
STREET ADDRESS			· =			
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City - St - Zip		1	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS		-	
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
	ertify that the information supplied wit	th this filing does not qualify for t		ated in Section 119.07(3)(i), Florida Statutes. I further certify	v that the information	

indicated on this annual report or supplemental arrural 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 of the receiver or trustee impowered 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 or an arachitecture with a particle.