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FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000088808 (7)  
1. Corporation Name  
COMMUNITY CARE & REHABILITATION CENTER, INC.

Principal Place of Business  
10501 N CRESCENT LN  
CLERMONT FL 34711

Mailing Address  
347 N HWY 27  
CLERMONT FL 34711  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 347 N Hwy 27		26 Suite, Apt. #, etc.		11/17/1995	
22 Suite, Apt. #, etc.		27 City & State		4. FEI Number	
23 Clermont FL		28 Zip		59-3345468	
24 34711		29 USA		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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

BADARNI, JAMAL M  
10501 N CRESCENT LN  
CLERMONT FL 34711

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	BADARNI, JAMAL M	1.2 NAME	
STREET ADDRESS	10501 N CRESCENT LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	BADARNI, CAROLE J	2.2 NAME	
STREET ADDRESS	10501 N CRESCENT LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	S
NAME	BYRD, R. ALLEN	3.2 NAME	Natasha Forbes-Thorne
STREET ADDRESS	11812 OSPREY POINTE BLVD	3.3 STREET ADDRESS	N/A
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BYRD, JULIANE	4.2 NAME	
STREET ADDRESS	11812 OSPREY POINTE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

*Carole Badarni*

02/16/98 (352) 394-2940

CR2E034 (10/97)