

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90333 004 ***150.00

DOCUMENT # P96000034470 1. Entity Name COMPREHENSIVE REHABILITATION INSTITUTE, INC.																											
Principal Place of Business 1135 103 ST., #G-1 BAY HARBOR ISLAND, FL 33154		Mailing Address P.O. BOX 546492 SURFSIDE, FL 33154 US																									
2. Principal Place of Business 1201 SW 141 st Ave Suite, Apt. #, etc. 409		3. Mailing Address 1201 SW 141 st Ave Suite, Apt. #, etc. 409																									
City & State Pembroke Pines, FL Zip 33027 Country		City & State Pembroke Pines FL Zip 33027 Country																									
4. FEI Number 65-0774561		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent GLAUSER, STUART H. 12910 SW 84 ST. MIAMI, FL 33183		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14446 West Dixie Hwy City Miami FL 33161																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D GLUCK, HILLIARD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1135 103 ST., #G-1</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BAY HARBOR ISLAND, FL 33154</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D GLUCK, HILLIARD	<input type="checkbox"/> Delete	NAME	1135 103 ST., #G-1		STREET ADDRESS	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">1201 SW 141st Ave #409</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Pembroke Pines, FL 33027</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1201 SW 141 st Ave #409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Pembroke Pines, FL 33027		STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <u>HILLIARD GLUCK</u> <u>HILLIARD GLUCK</u> <u>4/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dorsing Phone #</small>																											