

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

FILED

Mar 31 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 # P96000055735 (0)

1. Corporation Name:

COMPREHENSIVE REHAB INC.



Principal Place of Business

1892 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

Mailing Address

1892 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442-1402

3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0676492

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

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
#211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

LUIS E CARRAZANA

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

7657 Lake Worth Road

83

84 City

Lake Worth, FL

FL

85 Zip Code

33467

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

Luis E Carrazana

March 18, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
COPENHAVER, PAUL
STREET ADDRESS
% 42 CENTURY PLAZA
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME
CARRAZANA, LUIS
STREET ADDRESS
% 42 CENTURY PLAZA
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE ☒ DELETE

NAME
PETERSON, A R
STREET ADDRESS
% 42 CENTURY PLAZA
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME
DONAHUE, CYNTHIA
STREET ADDRESS
% 42 CENTURY PLAZA
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

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 ☒ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS
7657 Lake Worth Road
1.4 CITY-ST-ZIP
Lake Worth, Florida 33467

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS
7657 Lake Worth Road
2.4 CITY-ST-ZIP
Lake Worth, Florida 33467

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
7657 Lake Worth Road
4.4 CITY-ST-ZIP
Lake Worth, Florida 33467

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:

Luis E Carrazana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS E CARRAZANA 3/18/97 642-6836
Date Daytime Phone #

CR2E034 (9/96)