

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
32399-0001

APPROVED  
AND  
FILED

5 MAY -1 AM 9:47

DOCUMENT # **S24469** (6)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCTORS SPINAL REHABILITATION CENTER, INC.

Principal Place of Business: 1601 BELVEDERE RD., #500-E  
WEST PALM BEACH FL 33406

1601 BELVEDERE RD., #500-E  
WEST PALM BEACH FL 33406

Use Part Where It Fits SPACE

|                                                                                                                                                       |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date of Organization or Creation<br><b>01/11/1991</b>                                                                                              | 3a. Date of Last Report<br><b>11/28/1994</b> |
| 4. FID Number<br><b>65-0247132</b>                                                                                                                    | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                             | <b>\$8.75 Additional Fee Required</b>        |
| 6. Director Campaign Finance and Trust Fund Contributions <input type="checkbox"/>                                                                    | <b>\$5.00 May Be Added to Fees</b>           |
| 8. Does corporation have liability for information tax under the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                      |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Office Address   |
| 21. State Agent Name           | 26. State Agent Name |
| 22. City, State                | 27. City, State      |
| 23. City, State                | 28. City, State      |
| 24. City, State                | 29. City, State      |
| 25. City, State                | 30. City, State      |

## 9. Name and Address of Current Registered Agent

KAPLAN, ERIC S  
1601 BELVEDERE RD., #500-E  
WEST PALM BEACH FL 33406

## 10. Name and Address of New Registered Agent

|                                                        |                     |
|--------------------------------------------------------|---------------------|
| 01. Name                                               | 05. State           |
| 02. Street Address (P.O. Box Number is Not Applicable) |                     |
| 03. City, State                                        |                     |
| 04. Zip                                                | 05. State <b>FL</b> |

11. Pursuant to this report, and in accordance with the provisions of the Florida Statutes, the above named corporation hereby has informed for the purpose of changing its registered office or registered agent or both in the State of Florida that it has been duly authorized by the corporation's board of directors, members, or the appropriate stockholders to accept the appointment as registered agent.

Signature:

|                                                                                                                                                                                                                                                       |                                                        |                               |                |                  |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|----------------|------------------|------------------|------|---|----------------|----------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|--|------|---|-----------------|------|--|-------------------------------|------|--|---------------------------|
| 12. OFFICERS, MANAGERS, AND DIRECTORS                                                                                                                                                                                                                 | 13. ADDITIONAL CHANGES TO REGISTERED AGENT INFORMATION |                               |                |                  |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
| <table border="1"> <tr> <td>NAME</td> <td>D</td> <td>KAPLAN, ERIC</td> <td>648 US HWY ONE</td> <td>N. PALM BEACH FL</td> </tr> <tr> <td>NAME</td> <td>D</td> <td>HIRSCH, JULIAN</td> <td>648 US HWY ONE</td> <td>N. PALM BEACH FL</td> </tr> </table> | NAME                                                   | D                             | KAPLAN, ERIC   | 648 US HWY ONE   | N. PALM BEACH FL | NAME | D | HIRSCH, JULIAN | 648 US HWY ONE | N. PALM BEACH FL | <table border="1"> <tr> <td>NAME</td> <td>P/T</td> <td></td> </tr> <tr> <td>NAME</td> <td>S</td> <td>Cuden, Craig T.</td> </tr> <tr> <td>NAME</td> <td></td> <td>1601 Belvedere Rd., #500 East</td> </tr> <tr> <td>NAME</td> <td></td> <td>West Palm Beach, FL 33406</td> </tr> </table> | NAME | P/T |  | NAME | S | Cuden, Craig T. | NAME |  | 1601 Belvedere Rd., #500 East | NAME |  | West Palm Beach, FL 33406 |
| NAME                                                                                                                                                                                                                                                  | D                                                      | KAPLAN, ERIC                  | 648 US HWY ONE | N. PALM BEACH FL |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
| NAME                                                                                                                                                                                                                                                  | D                                                      | HIRSCH, JULIAN                | 648 US HWY ONE | N. PALM BEACH FL |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
| NAME                                                                                                                                                                                                                                                  | P/T                                                    |                               |                |                  |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
| NAME                                                                                                                                                                                                                                                  | S                                                      | Cuden, Craig T.               |                |                  |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
| NAME                                                                                                                                                                                                                                                  |                                                        | 1601 Belvedere Rd., #500 East |                |                  |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |
| NAME                                                                                                                                                                                                                                                  |                                                        | West Palm Beach, FL 33406     |                |                  |                  |      |   |                |                |                  |                                                                                                                                                                                                                                                                                          |      |     |  |      |   |                 |      |  |                               |      |  |                           |

14. I, the undersigned, certify that the information supplied in this report is complete, true and correct, and I am duly qualified to file this report. I declare under penalty of perjury that the information supplied in this report is complete, true and correct, and I am duly qualified to file this report. I declare under penalty of perjury that the information supplied in this report is complete, true and correct, and I am duly qualified to file this report.

SIGNATURE:

*Craig T. Cuden*  
Craig T. Cuden

4-27-95

407-684-2225