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FILED  
Apr 27 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 # **S71079** (5)  
1. Corporation Name  
**BRAIN RECOVERY CENTER, INC.**

Principal Place of Business  
**4001 N. OCEAN DRIVE  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**4001 N. OCEAN DRIVE  
LAUDERDALE BY THE SEA FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/06/1991**

4. FEI Number  
**65-0278873**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**NEUBAUER, RICHARD A. DANA J. PUSATERI**  
**4001 OCEAN DR**  
**SUITE 218**  
**LAUDERDALE BY THE SEA FL 33308**

10. Name and Address of New Registered Agent

81 Name **DANA J. PUSATERI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4001 Ocean Drive**  
83 **Suite 302**  
84 City **LAUDERDALE By The Sea FL** 85 Zip Code **33308**

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

**4-14-98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **NEUBAUER, RICHARD A.**  
STREET ADDRESS **4001 OCEAN DR**  
CITY-ST-ZIP **LAUD-BY-THE-SEA FL 33308**

TITLE **VPD** ☒ DELETE  
NAME **NEUBAUER, WINNIE**  
STREET ADDRESS **4001 OCEAN DR**  
CITY-ST-ZIP **LAUD-BY-THE-SEA FL 33308**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **President** ☐ Change ☒ Addition  
1.2 NAME **DANA J. Pusateri**  
1.3 STREET ADDRESS **4001 Ocean Dr., Ste. 302**  
1.4 CITY-ST-ZIP **LAUD-BY-THE-SEA, FL 33308**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **MARTIN SANTIAGO**  
2.3 STREET ADDRESS **4001 Ocean Dr., Ste. 302**  
2.4 CITY-ST-ZIP **LAUD-BY-THE-SEA, FL 33308**

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  
4.4 CITY-ST-ZIP

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 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:

**DANA J. PUSATERI**

**4/16/98**

CR2E034 (10/97)