

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744681

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC4546509501**

**Entity Name:** HABILITATION CENTER FOR THE HANDICAPPED, INC.

**Current Principal Place of Business:**

22313 BOCA RIO ROAD  
BOCA RATON, FL 33433

**Current Mailing Address:**

22313 BOCA RIO ROAD  
BOCA RATON, FL 33433

**FEI Number:** 59-1859543

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DIROCCO, ROBERT EXECUTIVE DIRECTOR  
22313 BOCA RIO RD  
BOCA RATON, FL 33433 US

*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.*

**SIGNATURE:** ROBERT DIROCCO

01/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FEIGL, RUTH  
Address 7402 PANACHE WAY  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name FRAZER, KAREN L  
Address 3757 LONE PINE ROAD  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name LABADINI, LOUIS  
Address 6811 VILLAS DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name POLLART, STEVE  
Address 730 SE 6TH TERRACE  
City-State-Zip: POMPANO BEACH FL 33060

Title EXECUTIVE DIRECTOR  
Name DIROCCO, ROBERT  
Address 22313 BOCA RIO RD  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name PERELMAN, SHARON  
Address 17738 LAKE AZURE WAY  
City-State-Zip: BOCA RATON FL 33496

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT DIROCCO

**EXECUTIVE DIRECTOR**

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date