

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
95 APR 28 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L48314** (3)

1. Corporation Name  
**REHABILITATION AND RECOVERY, INC.**

Principal Place of Business  
**9701 BISCAYNE BLVD.  
2628 S. BAYVIEW DRIVE  
MIAMI FL 33138  
US**

Mailing Address  
**P. O. BOX 330072  
MIAMI FL 33233  
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/02/1990** 3a. Date of Last Report **04/29/1994**

4. FEI Number **NOT APPLICABLE** 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 § 198.032 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BERNSTEIN, JOEL  
9701 BISCAYNE BLVD.  
MIAMI FL 33138**

81 Name

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

83

84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, BARTH A.	12 NAME	
STREET ADDRESS	1501 NW 9TH AVENUE	13 STREET ADDRESS	620 SABAL PALM RD
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	MIAMI, FL 33137
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEININGER, JAMES R.	22 NAME	
STREET ADDRESS	8256 TESORO DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX	24 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEININGER, JOHN H.	32 NAME	
STREET ADDRESS	8626 TESORO DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX	34 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JEROME	42 NAME	10180 W. BAY HARBOR DR. #518
STREET ADDRESS	1501 NW 9TH AVENUE	43 STREET ADDRESS	BAY HARBOR ISLAND, FL. 33154
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	ATD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELLI, LINO	52 NAME	
STREET ADDRESS	1501 NW 9TH AVENUE	53 STREET ADDRESS	720 LAKE ROAD
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	MIAMI, FL 33137
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DOUGLAS	62 NAME	
STREET ADDRESS	SABAL PALM RD	63 STREET ADDRESS	580 SABAL PALM RD
CITY - ST - ZIP	MIAMI FL	64 CITY - ST - ZIP	MIAMI, FL. 33137

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a director, or on an attachment with an address.

SIGNATURE: Sandra B. Morham BARTH A. GREEN 4/20/95 3055478495  
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (First Name)