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**Jun 02 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 # **L48314 (3)**
1. Corporation Name
REHABILITATION AND RECOVERY, INC.

Principal Place of Business Mailing Address
9701 BISCAYNE BLVD. MIAMI, FL. 33138 **P.O. Box 330072 MIAMI, FL. USA 33233-0072**

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

3. Date Incorporated or Qualified **02/02/1990** 3a. Date of Last Report **4/28/1996**
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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BERNSTEIN, JOEL
9701 BISCAYNE BLVD.
MIAMI, FL. 33138**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, BARTH A.	
STREET ADDRESS	620 SABAL PALM RD	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEININGER, JAMES R	
STREET ADDRESS	8256 TEFORO DRIVE	
CITY-ST-ZIP	SAN ANTONIO TX.	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEININGER, JOHN H	
STREET ADDRESS	8628 TEFORO DRIVE	
CITY-ST-ZIP	SAN ANTONIO, TX	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	GREEN, JEROME	
STREET ADDRESS	10186 W BAY HARBOR DR #5B	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL.	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	NOVELLI, LINDA	
STREET ADDRESS	720 LAKE RD	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS	
STREET ADDRESS	580 SABAL PALM RD	
CITY-ST-ZIP	MIAMI, FL. 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****170.00**

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: **Barth A. Green** BARTH A. GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)