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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 716013

1. Corporation Name

WORK ORIENTED REHABILITATION CENTER, INC.

190435-90110-22

Principal Place of Business

1100 JIMMY ANN DR
 DAYTONA BCH FL 32117
 US

Mailing Address

PO BOX 927
 DAYTONA BCH FL 32115-0927
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/07/1969

4. FEI Number

23-7026771

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSS, RANDY R.
 1100 JIMMY ANN DR
 DAYTONA BCH FL 32117

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 617.0502 and 617.1508, 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 617.0503, 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 DELETE

VPD
 COLLINS, ANN
 2990 S. ATLANTIC AVE.
 DAYTONA BEACH SHORE FL

TITLE DELETE

PD
 THOMAS, NANCY
 1946 SECOND STR
 SO DAYTONA FL

TITLE DELETE

TD
 EPISCOPO, MICHAEL
 128 GRANADA STR
 HOLLY HILL FL

TITLE DELETE

SD
 FLAVIO, CHARLES
 1 WINDOW CREEK WAY
 ORMOND BCHC M

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

PD
 4000 OLD DIXIE HIGHWAY
 ORMOND BEACH, FL 32174

2.1 TITLE Change Addition

SD
 ALLEN, CAROL
 608 JOHN ANDERSON DR.
 ORMOND BEACH, FL 32176

3.1 TITLE Change Addition

TD
 OLSEN, HARRY
 1005 N. KEPLER RD.
 OGLAND, FL 32724

4.1 TITLE Change Addition

VPD
 ONE WINDING CREEK RD.
 32174

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

Daytime Phone #

CR2E037 (11/98)