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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000000906 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF REHABILITATION PROFESSIONALS IN THE PRIVATE SECTOR, INC.

Principal Place of Business	Mailing Address
1035 S FLORIDA AVENUE SUITE 175 LAKELAND FL 33803 US	CLR. ASSO P O BOX 8738 LAKELAND FL 33806-8738 US

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21 P.O. BOX 621179
22 Suite, Apt. #, etc.
23 City & State: Oviedo, FL
24 Zip: 32762-1179
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3244248 ☐ 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

PENNACHIO, GERALYN A
1035 S FLORIDA AVE
SUITE 175
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Stacey M. Podgorski
82 Street Address (P.O. Box Number is Not Acceptable): 3308 Heathgate Ct.
83
84 City: Orlando, FL 85 Zip Code: 32812

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: Stacey M Podgorski 1/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PENNACHIO, GERALYN A~~ ~~1035 S FLA AVE, STE 175~~ ~~LAKELAND FL~~	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Dir - President (PT) Sandra L. Gracey 379 Snow Hill Rd Geneva, FL 32732	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Secretary T CASPER, ALYSON 301 NW 84 AVENUE PLANTATION FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Dir Treasurer (PT) STACEY M. PODGORSKI 3308 Heathgate ct. Orlando, FL 32812	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ ~~CONTI, ANTHONY H~~ ~~1035 S FLA AVE., STE 175~~ ~~LAKELAND FL~~	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~SELTZER, CLAUDE B~~ ~~7000 NORA DRIVE, STE. 201~~ ~~FT LAUDERDALE FL~~	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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

SIGNATURE: Stacey M Podgorski REQUIRED 1/9/97 (407) 349-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052835