

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000000261 (8)**

1. Corporation Name

**DYNAMIC REHABILITATION CENTERS, INC.**



Principal Place of Business

**1740 W BIG BEAVER RD  
#100  
TROY MI 48084  
US**

Mailing Address

**1740 W BIG BEAVER RD  
#100  
TROY MI 48084  
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, 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

3. Date Incorporated or Qualified

**01/04/1993**

3a. Date of Last Report

**05/30/1995**

4. FET Number

**38-3053070**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0500 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 of corporation officer, director, shareholder, or partner

Signature of Registered Agent (signature required after 12/31/95)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**C**

☐ DELETE

NAME

**WAYNE, MICHAEL**

STREET ADDRESS

**1740 W BIG BEAVER RD #100  
TROY MI**

CITY-STATE-ZIP

**VST**

☐ DELETE

TITLE

**WAYNE, JEFF**

STREET ADDRESS

**1740 W BIG BEAVER RD #100  
TROY MI**

CITY-STATE-ZIP

**- P -**

☒ DELETE

NAME

**= MEAD, STEVEN - - -**

STREET ADDRESS

**- 1740 W BIG BEAVER RD 100 -  
- TROY MI -**

CITY-STATE-ZIP

☐ DELETE

TITLE

**NAME**

STREET ADDRESS

**NAME**

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STREET ADDRESS

**NAME**

CITY-STATE-ZIP

☐ DELETE

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 119.07(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 changed, or on an affidavit with an address.

SIGNATURE:

*Jeff Wayne*  
Jeff Wayne, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

(810)649-2323

CR2E034 (12/95)