

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001778 (0)

1. Corporation Name

REHAB ADMINISTRATION INC.



Principal Place of Business

1280 TERMINAL WAY, SUITE 15
RENO NV 89502

Mailing Address

1280 TERMINAL WAY, SUITE 15
RENO NV 89502

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

04/12/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

88-0291683

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

10. Name and Address of New Registered Agent

DAVIS, GERALD D ESQ.
360 CENTRAL AVE., SUITE 1500
ST. PETERSBURG FL 33701

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 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Printed Name of Agent (Required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME: GENTZEL, GRAEME B
STREET ADDRESS: 131 GALILEE CHURCH RD
CITY, ST, ZIP: JEFFERSON GA

2. TITLE ☐ DELETE

NAME: GENTZEL, GRAYSON S
STREET ADDRESS: 9936 FOURTH STREET NORTH
CITY, ST, ZIP: ST. PETERSBURG FL 33716

3. TITLE ☐ DELETE

NAME: GENTZEL, GARRISON K
STREET ADDRESS: 131 GALILEE CHURCH RD
CITY, ST, ZIP: JEFFERSON GA

4. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grayson S. Gentzel, President

alllab 813-579-4213

CR2E034 (12/95)