

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 2:46

DOCUMENT # F94000003922 (1)

1. Corporation Name

PROTHERACARE REHABILITATION SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 787
DENTON NC 27239

P.O. BOX 787
DENTON NC 27239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/27/1994

2. Principal Place of Business

2a. Mailing Address

21 **60 South Main St.**

26 **PO Box 787**

4. FEI Number

Applied For

56-1777062

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

23 **Denton, NC**

28 **Denton, NC**

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **27239**

25 **Davidson**

29 **27239**

30 **Davidson**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, TIMOTHY P
813 SPICEWOOD DR.
LAKELAND FL 33808

81 Name

Powell, Timothy P.

82

Street Address (P.O. Box Number is Not Acceptable)

1396 Bramblewood Dr.

83

84 City

Lakeland

FL

85 Zip Code

33811

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 **Timothy P. Powell**

Signature, typed or printed name of registered agent and title if applicable

Signature of New Registered Agent (Signature required when mandating)

DATE

2/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD**
NAME **POWELL, CAROL F**
STREET ADDRESS **251 PIEDMONT SCHOOL RD.**
CITY-ST-ZIP **DENTON NC**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VSTD**
NAME **POWELL, CHARLES C**
STREET ADDRESS **251 PIEDMONT SCHOOL RD.**
CITY-ST-ZIP **DENTON NC**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 its authorized officer or director, or a duly empowered representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.4 of this report or in a statement with an address.

SIGNATURE: **Charles C. Powell** Sect./Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/95 (704)869-3617

156

Signature 156