

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Sep 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005017 (7)

1. Corporation Name

REGENCY REHABILITATION ASSOCIATES, INC.



Principal Place of Business

10320 WATTERSON TR
JEFFERSONTOWN KY 40299

Mailing Address

10320 WATTERSON TR
JEFFERSONTOWN KY 40299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

61-1270211

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

QUALITY HEALTH OF SARASOTA COUNTY, INC.
6940 PAN AMERICAN DR
N PORT FL 34287-3499

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 NAME
DCP
GHAMMACHI, GABE
10706 HELMSDALE LN
LOUISVILLE KY 40243

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 NAME
2.2 STREET ADDRESS
2.3 CITY - ST - ZIP

3.1 NAME
3.2 STREET ADDRESS
3.3 CITY - ST - ZIP

4.1 NAME
4.2 STREET ADDRESS
4.3 CITY - ST - ZIP

5.1 NAME
5.2 STREET ADDRESS
5.3 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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; that I am 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 as an attachment with an address change.

CR2E034 (10/97)