

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001886 (7)

1. Corporation Name

PROMOTIVE REHABILITATION SERVICES, INC.



Principal Place of Business

245 FISCHER AVE D-1
COSTA MESA CA 92626

Mailing Address

245 FISCHER AVE D-1
COSTA MESA CA 92626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

33-0522520

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

James L. Ritchey, Esq.

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

200 South Orange Avenue

83

84 City

Sarasota,

FL

85 Zip Code
34236

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed name and number of days after appointment (if any) (NOT: Registered Agent's signature required when reinstating)

DATE

9/17/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DAVIDSON, GARY L
STREET ADDRESS 245 FISCHER AVE D-1
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☒ DELETE

NAME DAVIDSON, GARY L
STREET ADDRESS 245 FISCHER AVE D-1
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☒ DELETE

NAME COLLINS, DAVID P
STREET ADDRESS 245 FISCHER AVE D-1
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☐ DELETE

NAME ESLEY-JONES, GRAHAM
STREET ADDRESS 245 FISCHER AVE D-1
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☐ DELETE

NAME ESLEY-JONES, GRAHAM
STREET ADDRESS 245 FISCHER AVE D-1
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☐ DELETE

NAME MULDOON, SHEILA M
STREET ADDRESS 245 FISCHER AVE D-1
CITY-ST-ZIP COSTA MESA CA 92626

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME P. CEO, D
DAVIS, JOSEPH
1.3 STREET ADDRESS 245 FISCHER AVE, STE D-1
1.4 CITY-ST-ZIP COSTA MESA, CA 92626

2.1 TITLE ☐ Change ☒ Addition

NAME VP
STOKES, CHERYL
2.3 STREET ADDRESS 245 FISCHER AVE, STE D-1
2.4 CITY-ST-ZIP COSTA MESA, CA 92626

3.1 TITLE ☐ Change ☒ Addition

NAME VP
BROGI, SCOTT
3.3 STREET ADDRESS 245 FISCHER AVE, STE D-1
3.4 CITY-ST-ZIP COSTA MESA, CA 92626

4.1 TITLE ☐ Change ☒ Addition

NAME AS
WHEELER-MEDLEY, BERNARD
4.3 STREET ADDRESS 245 FISCHER AVE, STE D-1
4.4 CITY-ST-ZIP COSTA MESA, CA 92626

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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

9/17/98

9/17/98

CR2E034 (10/97)