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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G24624

(0)

Mailing Address

SOUTHWEST FLORIDA REHABILITATION CENTER, INC.

FILED Jun 03 1997 8:00am Secretary of State

|--|--|

Thenker AUX KC1 2001

Suite, Apt. #, etc. 22 City & State City & State Zip Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intergible tax under s. 199,032,	800 GOODLETTE RD STE 140 NAPLES FL 33940 US			S	800 GOODLETTE RD STE 140 Naples Fl 34102-5461 Us						Date Incorporated or Qualified 02/18/1983		e of Last 1/1996	Report
SURY AS STATE OF COUNTY STAPE SECTION APPLIES SUBJECT OF COUNTY STAPE SUBJECT OF COUNTY	2. Principal Pl	ace of Busin	oss	2	a. Mailing	Address			_		_			Applied For
SUID, April, 4, GC 22)	21				26 40 CYPRESS WAY				iy ea	5]	59-2262177		1	Not Applicable
County State September	Suite, Apt. #, etc.				Suite, Apt. #, etc.						S8 75 Additions			
20	22			27									Fee F	Required
Country 2	City & State	0		28	City & State 28 NAPLES				Z.					
28			Country		Žφ						8. This corporation has liability to	r interigible	ax under	s. 199,032,
COLUNS, GREGORY A. 4324 SILVER FOX DR. NAPLES FL 33999 Street Address (P.O. Box Number is Not Acceptable)	24	[25	29	34	IIQ_	30	u:	SH		Florida Statutes	Yes [No	
SINCER FOX DR. NAPLES FL 33999 13 14 22 Stress Address (°LO, Rox Number is Not Acceptable) 14 15 16 17 18 18 18 18 18 18 18 18 18		9. Name	and Address of (Current Reg	stered A	gent			·r	1	0. Name and Address of New R	egistered A	gent	
NAPLES FL 33999 1.1 Pursuant to the provisions of Sections 607 0502 and 007 1506. Exaids Statutes, the above-named corporation submits this statement for the purpose of changing its registered aghert. I am familiar with, and accept the obligations of Section 607 0505, front-of Statutes SIGNATURE SIGNATURE SIGNATURE PD OFFICE RS AND DIRECTORS 1.1 TITLE PD OLUINS, GREGORY A. 1.3 SHELHARRES 1.1 TITLE OLUINS, GREGORY A. 1.3 SHELHARRES 1.1 TITLE OLUINS, ANGELA V. 2.2 MAN A324 SILVER FOX DR. 1.3 SHELHARRES OLIY-ST-ZP OLIVES-ZP OL								81	Name					
NAPLES FL 33999 10 11. Personal to the provisions of Scations 607 0502 and 607 1506, Fordida Statutos, the above named comporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia South change was author 2nd by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the origination of 2005, Frontins Statutos SIGNATURE SIGNATURE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12. 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE SAND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12. 19. Add see Section of the								82	82: Street Address (P.O. Box Number is Not Accordable)					
11. Pursuant to the provisions of Sections C07 05607 and 607 1508. Fixed to Statutes 1508 to Percent to the provisions of Sections C07 05607 and 607 1508. Fixed to Statutes 1508 to Percent agent, or hold, in the State of Energia such changes was author 2-rich by the corporation's board of directors. Thereby accept the appointment as registered agent, or hold, in the State of Energia Such changes was author 2-rich by the corporation's board of directors. Thereby accept the appointment as registered agent, or hold, in the State of Energia Such changes was author 2-rich by the corporation's board of directors. Thereby accept the appointment as registered agent, or hold, in the State of Energia State agent. Thereby accept the appointment as registered agent, or hold, in the State of Energia State agent. Thereby accept the appointment as registered agent, or hold, in the State of Energia State agent. Thereby accept the appointment as registered agent. Thereby accept the appointment as	NAPLES FL 33999									· · · · · · · · · · · · · · · · · · ·				
11. Persuant to the provisions of Sections 607 0502 and 007 1508, Funds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in the state of kinds Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, in the minimum with, and accept the obligations of, Section 607 0506, Fonds Statutes Signature								83						
office or registered agent, or both, in the State of Florida, Such change was author zed by the corporation's board of directors. I hereby accept the appointment as registered agent, and floridation of highest and obligations of Section 607 DSSS, Florida Statute's Signature Si	٦ .							84	City			FL	85 Zu	o Code
Supplement personal restrict starting and the starting	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 of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of th													
TITLE	SIGNATURE	Signature, typed	or printed name of reges	ercd agent and ti	ik, if applicab		(NOTE: First	istered Ag	ent signature re	quireo wi	lico reinstating)	17AG		
NAME COLLINS, GREGORY A. 12 MAME 13 STREET ADDRESS 4224 SILVER FOX DR. 13 STREET ADDRESS 14 CITY-ST-ZIP	12.		OFFICE	RS AND DIRI	CIORS			13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
STREET ADDRESS	TITLE					☐ DELETE		1.1 TITLE					Change	Addition
NAPLES FL	NAME						ı	1.2 NAME						;
TITLE	STREET ADDRESS						1	1.3 STREE	I ADDRESS];
NAME COLLINS, ANGELA V. 4324 SILVER FOX DR. 23 STREET ADDRESS CHY-ST-ZIP	CITY - ST - ZIP	NAPLES F	<u> </u>					1.4 CITY-	ST - ZIP					
STREET ADDRESS A324 SILVER FOX DR.	TITLE	V				☐ DETERE		21 THEE					Change	Addition
NAPLES FL 2 4 CHY-ST-ZIP	NAME ,							2.2 NAME						
TITLE	STREET ADDRESS						1	2 3 STREE	I ADDRESS					
STREET ADDRESS 33 STREET ADDRESS 34 CHY-ST-ZIP 36 CHY-		NAPLES F	<u>·L</u>						SI-ZIP					
STREET ADDRESS	TITLE												Unange	Addition
CITY-ST-ZIP	NAME													
DELETE	STREET ADDRESS							33 STREE	1 ADDRESS					
NAME						D beres			ST- ZIP		·			
STREET ADDRESS 43 STREET ADDRESS 44 CHY- S1- ZIP							:						Change	: LI ADURION
CITY-\$1-ZIP														Ì
TITLE DELETE 5 TITLE Change Addition NAME 5 2 NAME 5 3 STREET ADDRESS 5 3 STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6 TITLE Change Addition NAME 62 NAME 5 3 STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 6 4 CITY-ST-ZIP CITY-ST-ZIP														
NAME 5.2 NAME STREEL ADDRESS 5.3 STREEL ADDRESS CTY-ST-ZIP 5.4 CHY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE NAME 6.2 NAME STREEL ADDRESS 6.3 STREEL ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP						Polici			S1 · ZIP				Change	Addition
STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP									ļ				L Change	, C Addition
TITLE														
TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP							ŀ							
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP						DELETE			S1-ZIP				Change	Addition
STREET ADDRESS 6 3 STHEET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP							• •						опапус	, LLI AUUIIION
CITY-ST-ZIP 6.4 CITY-S1-ZIP														
		by cortifu the	t the information 4	unnhod with	Majo Adares	door not	auslibute			ted in	Section 119 07/3/(i) Florida Statu	les I further	certify the	at the

I. I do hereby certify that the information Jupplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the global ation or the receiver or trustify ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dyinged, or on an attachment of the analysis.