

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G29272** (3)

1. Corporation Name

REHAB. PLUS, INC.



Principal Place of Business

**14411 COMMERCE WAY
STE. #405
MIAMI LAKES FL 33014
US**

Mailing Address

**P.O. BOX 172510
HALEAH FL 33017
US**

2. Principal Place of Business

21 8000 Boveanons Sq. Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 300

27 Suite, Apt. #, etc.

23 City & State

Miami Lakes

28 City & State

24 Zip

33016

25 Country

U.S.A

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MIRZA, KHALID M.
6710 MAIN ST, STE 410
HALEAH FL 33014**

3. Date Incorporated or Qualified

02/17/1983

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2272392

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

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 the corporation.

Signature typed or printed name of registered agent and the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AM
ROMAN, JUAN C
9157 S.W. 141 PLACE
MIAMI FL 33186**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MIRZA, KHALID M
6781 BROOKLINE DR.
MIAMI LAKES FL 33015**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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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:

Juan Carlos Roman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/96
Date

305 920-0950
Telephone Number

CR2E034 (12/95)