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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # G29272**

1. Corporation Name

REHAB. PLUS, INC.

			/		. ,			
Principal Place	of Business	Mailing Address		_				
8000 GOVERNO	PRS SO BLVD	8000 GOVERNORS SO BLYD						
SUITE 300		300			,	DO NOT WRITE IN THIS SPACE		
MIAMI LAKES FL 33016 US		MIAMI LAKES FF 33016 US				3. Date Incorporated or Qualifed		
03		00				02/17/1983		
2 Principal D	ace of Business	2a. Mailing Addre	155			4. FEI Number	Apr	lied For
─ `	lace of business	26				59-2272392	<u> </u>	Applicable
Suite, Apt.	# etc.	Suite, Apt. #,	etc.				\$8.75 A	
22		27 13100	MUSTI	m) (TRAIL	5. Certifcate of Status Desired	Fee Red	quired
City & State	8	City & State				6. Election Campaign Financing	****\$5:00°I	May Be
23		28 1000	LAUDER	TD(ME T	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year In		_
24	25		30 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
MIDT	ZA IZLIANIO NA			81	Name			
MIRZA, KHALID M.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	O MUSTANG TRAIL				_		\	
FT LAUDERDALE FL 33330				83				
				84	City		85 Zip C	ode
					-	Fl	<u>- </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florid	la Statutes, the	above	e-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its	registered iistered
office of r	egistered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0	i505, Florida St	atutes		in a board of directors. Thereby accept the appe	,	,
SIGNATURE	•						***	
OIGHATORE	Signature, typed or printed name of registered agent				nt signature required		NO DIDECTO	70 IN 40
12.	OFFICERS AND		13		1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	DP .			TITLE			□ ournão	
NAME	MIRZA, KHALID M			NAME				
STREET ADDRESS	13100 MUSTANG TRAIL				TADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33330		1.4	CITY-S	T-719 I			}
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NAME		☐ DE		TITLE			Change	Addition
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6.4 CITY-ST-ZIP

SIGNATURE:

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 if 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 empewared 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, with all pther like empowered.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90118 016 ***150.00