

# 2005 FOR PROFIT CORPORATION

REINSTATEMENT

Annual Report

05 Reinstatement 112

FILED

05 OCT 26 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/3/05 01069 003 \$150.00



10112005 REIN-P CR2E098 (6/04)

DOCUMENT # G79384

1. Entity Name  
ABC REHABILITATION SERVICES, INC.

Principal Place of Business  
1520 JENKS AVENUE  
SUITE A  
PANAMA CITY, FL 32405 US

Mailing Address  
1520 JENKS AVE  
SUITE A  
PANAMA CITY, FL 32405 US

2. Principal Place of Business

3. Mailing Address

Suite, Apr. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2364989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADGETT, M. VICTORIA  
1520 JENKS AVENUE  
PANAMA CITY, FL 32405

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADGETT, VICTORIA M. 1520 JENKS AVENUE, SUITE A PANAMA CITY, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/05 850-788-0264

Date

Daytime Phone #

2/2

ABC REHABILITATION SERVICES

1520 Jenks Ave., Suite A

Panama City, FL 32405

(850) 785-0264

Fax: (850) 785-1410

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October 11, 2005

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

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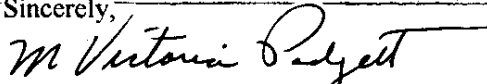
We have received your letter requesting additional monies for reinstating ABC Rehabilitation Services, Inc.; however, we are requesting that you waive the additional fees and reverse the dissolution as soon as possible for the following reasons:

1. We only received the 2<sup>nd</sup> notice annual report and it did not state that it was a second notice or even that it was late. It simply noted that we were to file and pay \$150.00 by September 7.
2. At the time we received the 2<sup>nd</sup> notice, we were experiencing personnel problems. The office manager was recently replaced and the new manager was not familiar with the For Profit Corporation Annual Report.
3. In September, mail was delayed due to Hurricane Katrina.
4. ABC was and is still experiencing financial problems based on decreased reimbursement from federal agencies dealing with the aftermath of Hurricane Katrina.
5. In 23 years, we have never failed to file in a timely manner.

We would greatly appreciate your reconsideration. Thank you.

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Sincerely,



M. Victoria Padgett, Director