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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:38

DOCUMENT # H68420

(9)

1. Corporation Name

ATLANTIC REHABILITATION ASSOCIATES, INC.

Principal Place of Business

**1191 E. NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH FL 33442**

Mailing Address

**1191 E. NEWPORT CENTER DRIVE
PENTHOUSE B
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

26. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

26

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KEE, KATHLEEN KAY
719 COQUINA WAY
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

Deerfield Beach

FL

Zip Code

33442

2/20/95

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 *Kathleen Kay Kee*

Signature, facsimile or typed name of officer or registered agent appearing above

Indicates Agent Designated Above Has Changed

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KEE, KATHLEEN KAY**
STREET ADDRESS **719 COQUINA WAY**
CITY ST ZIP **BOCA RATON FL 33432**

11 TITLE **12 NAME** **13 STREET ADDRESS** **14 CITY ST ZIP**
1191 E. Newport Center Dr., PH-B
Deerfield Beach, FL 33442

Change Addition

TITLE **VP**
NAME **FARTHING, CHARLES IV**
STREET ADDRESS **3847 CANDLEWOOD CT**
CITY ST ZIP **BOCA RATON FL**

21 TITLE **22 NAME** **23 STREET ADDRESS** **24 CITY ST ZIP**
1191 E. Newport Center Dr., PH-B
Deerfield Beach, FL 33442

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE **32 NAME** **33 STREET ADDRESS** **34 CITY ST ZIP**
1191 E. Newport Center Dr., PH-B
Deerfield Beach, FL 33442

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE **42 NAME** **43 STREET ADDRESS** **44 CITY ST ZIP**
1191 E. Newport Center Dr., PH-B
Deerfield Beach, FL 33442

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE **52 NAME** **53 STREET ADDRESS** **54 CITY ST ZIP**
1191 E. Newport Center Dr., PH-B
Deerfield Beach, FL 33442

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE **62 NAME** **63 STREET ADDRESS** **64 CITY ST ZIP**
1191 E. Newport Center Dr., PH-B
Deerfield Beach, FL 33442

Change Addition

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(6)(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 *Kathleen Kay Kee*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95 **315-427-4546**

SPRING 1995

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