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PROFIT CORPORATION ANNUAL REPORT



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

1996	
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DOCUMENT #
1. Corporation Name

H89574

(8)

TRAUMA AND REHABILITATION SERVICES, INC.

Principal Disc		DEITHOLO, INC.							
	e of Business	Mailing Address				ı idalatı dığı İbilâ iğibi Gil	n adam digi dibi	A BARAN BARAN A	HON OLDIT BYRY MI
	Kland PK BLVD Dale FL 33311	1640 W OAKLAND FT LAUDERDALE F	PK BLVD L 33311						
2. Principal P	lace of Business	O Mall	·			 Date Incorporated or Quality 12/12/1985 	fied 3a. I	Date of Las 05/01/	
21	Daginous	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-2638843	· · · · · · · · · · · · · · · · · · ·		Not Applicat
2		27			1	5. Certificate of Status Desire	d 🗀		75 Additional se Required
City & States	e	City & State				6. Election Campaign Financii	na		
Zip	Country	28				Trust Fund Contribution			.00 May Be ded to Fees
4	25	Zip 29	Coun	try	1	8. This corporation has liability	for intangible	e tax under	s 199.032,
	9. Name and Address of Curren	t Registered Agent	30			Florida Statutes	Yes 🔲 No		
				1 Name	e	10. Name and Address of No	ew Registere	ed Agent	
	, Martin			_l_					
	OAKLAND PARK BLVD			Stree	t Address	(P.O. Box Number is Not Acce	ptable)		
SUITE 2			8	3					·
FT LAUI	DERDALE FL 33313		_	4 0.					
			ſ	4 City			F	85	Zip Code
v. rogicion	on agent, or both, in the State of Florid	 Such change was author 	ized by the co	rporation's	s board of	n submits this statement for the f directors. I hereby accept the	appointment	as register	s registered of ed agent. I am
IGNATURE	in, and accept the obligations of, Sections								
IGNATURE .	Signature, typed or printed name of registered agent of OFFICERS AND	nd title if applicable (i	NOTE: Registered Aç			n tenslatngi	DATE	•	
IGNATURE 2.	Signature, typed or printed name of registered agent of OFFICERS AND	nd title if applicable (i		jort signature					
IGNATURE _ 2. JLE	Synature, typed or primed name of registered agent a OFFICERS AND PST REYNOLDS, DWIGHT C., MD	nd title if expicable (f) DIRECTORS	NOTE: Registered Aç	ent signature		n tenslatngi		ND DIRECT	
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