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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation	MENT # <b>J351</b> 3	31 (8)						
•	il rehabilitative servic	ES, INC.						
Principal Place of Business Mailing Address							DIBE BEDIL DEDIE DIENE DE	JII BIBII BIBII IBBI
SEMINOLE FL 34642 SEMINO		11628 CAMPHOR WAY SEMINOLE FL 34642 US						
						3. Date Incorporated or Qualified 09/26/1986	3a. Date of Last F 03/02/1	
2. Principal Pla	Place of Business 2a. Mailing Address					4. FEI Number 59-2725034	<b>├</b> ──-	Applied For
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.							\$0.74	Not Applicable  5 Additional
22	27	· • • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired	IXX '	Required	
City & State		City & State	¬ ·			Election Campaign Financing     Trust Fund Contribution		May Be
Zip	Country	Zip	Cour	ntry	· · · · · · · · · · · · · · · · · · ·	This corporation has liability for int	angible tax under s	199.032,
24	25	29	30			Florida Statutes X Yes		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Reg	gistered Agent	
CICOCI	DIAME II			91				
	, DIANE H. Camphor way			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	DLE FL 34642		ľ	83				
02			}	84	City		85 Zi	ip Code
					•		1-L	•
<ol> <li>Pursuant to or registere</li> </ol>	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid	and 607.1508, Florida Statute: da. Such change was authorize	s, the aboved by the c	ve-па orpo	amed corpor oration's boar	ation submits this statement for the purpord of directors. I hereby accept the appoin	ose of changing its i itmer t as registered	registered office d agent. I am
	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes.						
SIGNATURE _	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E Registered	Agent	signature required	d when remstating)	DA' E	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	)RS IN 12
TITLE	T	T DELETE 1.1T					☐ Change	Addition
NAME	SIEBEL, DIANE		1.2 NAME					
STREET ADDRESS	11628 CAMPHOR WAY SEMINOLE FL		1 3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DEMINULE FL	☐ DELETE	14 CH		- ZIP		Change	Addition
NAME	SIEBEL, STEPHEN	Doctor	2 2 NAME				CT outlide	
STREET ADDRESS	11628 CAMPHOR WAY		2 3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	SEMINOLE FL		2.4 CiTY		- ZiP			
TITLE	DELETE 3.11			FLE			☐ Change	☐ Addition
NAME	. 32 N		3 2 NA	ME				:
STREET ADDRESS			3.3. \$T	REET	ADDRESS			
CITY-ST-ZIP		- D NEI FIE	3 4 CIT		- ZIP			
TITLE		DELETE	4. 1 76				☐ Change	☐ Addition
NAME			4.2 NA		1000000			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST 5. 1 TITLE		- 211		☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP			5.4 CIT					
TITLE		☐ DELETE	6. 1 H1				☐ Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STE	REETA	ADDRESS			
CITY-ST-ZIP		Sale and a great to the sale of the	6.4 CIT				(0.11)	
14, 100 hereby	certify that the information supplied v	vitri triis tiling is voluntanly furnis	sned and d	oes	not quality to	or the exemption stated in Section 119.07	(3)(K), Fiorida Statul	ies. I further

ceruity triat the information indicated on this annual report of 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.

3/14/96 812-392-3682 Destruction & Destruction &