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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J35131

(8)

SIEBEL REHABILITATIVE SERVICES, INC.

FILED	
Apr 02 1997 8:00an	1
Secretary of State	

Principal Place of Business Mailing Address 11628 CAMPHOR WAY 11628 CAMPHOR WAY 6EMINOLE FL 34642 SEMINOLE FL 33772-5723								
U\$		U\$			3. Date Incorporated or Qualified 09/26/1986		e of Last F 0/1996	teport
2. Principal P	lace of Business	26. Mailing Address 26 ((()) COm)	٠ ا	۱۵.	4. FEt Number 59-2725034			oplied For of Applicable
Sulte, Apt.		26 116 28 Camp Suite, Apt. #, etc.	NOY W	пяд		XI		Additional
22		27			5. Certificate of Status Desired	V23	Fee Re	equired
City & Stat	e , E1	City & State	. 5	l l	Election Campaign Financing Trust Fund Contribution			May Be
23 Semi	Country	28 Seminol	Countr	y	8. This corporation has liability for	intannible t		to Fees
24 33 7°			30] U.S	ſĸ	Florida Statutes]Yos [] No	
4.55	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered A	gent	
	EL, DIANE H. 8 CAMPHOR WAY							
	NOLE FL 34642		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
V D.111			83	1				
			84	City			85 Zip	Code
44 Burayant	to the archicians of Continue CO7 01 00	and 607 1609 Florida Statuta	n the abo	nomod so	reporting submits this statement for the p	FL.	obanaina i	to sociatorod
office or a agent. I a	registered agent, or both, in the State of mamiliar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Flor	thorized b ida Statute	y the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	of the appo	intment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Ag	ion: signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE	APREL BIANC	☐ DELETE	1.1 TITLE			l	Change	Addition
NAME CZOSSY ADDRESOS	SIEBEL, DIANE 11628 CAMPHOR WAY		1.2 NAME	T 40000 00				
STREET ADDRESS City-St-Zip	SEMINOLE FL		1.4 CITY -	T ADORESS				
TITLE	P	DELETE	2.1 TITLE	31-11			Change	Addition
NAME	SIEBEL, STEPHEN		2.2 NAME					
STREET ADDRESS	11628 CAMPHOR WAY		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	SEMINOLE FL	DELETE	2.4 City-	ST - ZIP		₁	Change	Addition
TITLE NAME		ריי סנונונ	3.1 TITLE 3.2 NAME			'	Grange	L_ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CiTY-					
TITLE		☐ DELEVE	4.1 TITLE			I	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS		,		1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-: 5.1 TRLE	ST-ZIP			Change	Addition
NAME		DEECTE.	52 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4.CITY-:	S1 - ZIP			_	
TITLE		DELFTE	61 TITLE			{	Change	Addition Addition
NAME			6.2 NAME					
STREET ADDRESS			1	T ADDRESS				
City-St-ZiP	by certify that the information supplied	with this filing does not qualify	for the exe	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
Informatio	on indicated on this armual report or su	ipplemental annual report is tru he receiver or trustee empowe	ie and acc red to exe	urate and tha cute this repo	at my signature shall hâve the same lega ort as required by Chapter 607, Florida S	l effect as	if made un	der oath; that

CLESSON AND STATE OF THE STATE