FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K55688** **(1)**

1. Corporation Name

RAY SCHLEICHKORN REHABILITATIVE SERVICES, P.A.

Principal Place of Business

3412 JAYMARA PL.
APOPKA FL 32712

Mailing Address

3412 JAYMARA PL.
APOPKA FL 32712

3. Date Incorporated or Qualified: **01/04/1989**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-2938951** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SCHLEICHKORN, RAY
3412 JAYMARA PLACE
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1908, 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 that position under Florida Statutes.

SIGNATURE: Ray Schleichkorn 1/17/96
Signature of New Registered Agent (if changing) Date

12. OFFICERS AND DIRECTORS

Title: D
Name: SCHLEICHKORN, RAYMOND W.
Street Address: 3412 JAYMARA PLACE
City-State-Zip: APOPKA FL

☐ DELETE

Title
Name
Street Address
City-State-Zip

☐ DELETE

Title
Name
Street Address
City-State-Zip

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Street Address
City-State-Zip

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Street Address
City-State-Zip

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Title
Name
Street Address
City-State-Zip

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true and was timely furnished and 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 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 Blocks 12 or 13 above, or on an attached, properly identified sheet.

SIGNATURE: Ray Schleichkorn 1/17/96 407-884-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone