

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90097 018 \*\*\*158.75

DOCUMENT # K78214

1. Corporation Name

KINGS POINT REHABILITATION CENTER, INC.

Principal Place of Business  
15210 CARTER RD., STE. D-1  
DELRAY BEACH FL 33446  
US

Mailing Address  
15210 CARTER RD., STE. D-1  
DELRAY BEACH FL 33446  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1989

4. FEI Number

65-0112294

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TIRUVALAM, NAGARAJA  
2301 S. CONGRESS AVE.  
#101H  
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

NAGARAJA TIRUVALAM

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

2305 Aspen Way

83

84 City

Boynton Beach

FL

85 Zip Code

33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME TIRUVALAM, NAGARAJA  
STREET ADDRESS 15210 CARTER RD., STE. D-1  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE V ☐ DELETE  
NAME WARKE, VERONICA  
STREET ADDRESS 3926 LOWSON BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE V ☐ DELETE  
NAME SHACHTMAN, MAUREEN  
STREET ADDRESS 495 PIEDMONT K  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ST ☐ DELETE  
NAME CRISAN, OLIVER  
STREET ADDRESS 15210 CARTER RD., STE. D-1  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE V ☒ DELETE  
NAME MANIQUIS, ELLIS  
STREET ADDRESS 6224 LANSLOWNE CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

561 445-9873

Daytime Phone #

CR2E034 (11/98)

0350233