

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K82962

(7)

1. Corporation Name

THERACARE REHABILITATIVE SERVICES, INC.

Principal Place of Business

9300 S. DADELAND BLVD.
600
MIAMI FL 33156
US

Mailing Address

9300 S. DADELAND BLVD.
600
MIAMI FL 33156
US



2. Principal Place of Business

2a. Mailing Address

21. State, Apt., etc.

26. State, Apt., etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

FRANCO, VICTORIA RUTH
11131 S W 146TH PLACE
MIAMI FL 33186

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

02/27/1995

4. FEI Number

65-0198584

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

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

FL

85. Zip Code

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 of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

PD
FRANCO, VICTORIA RUTH
11131 S W 146TH PLACE
MIAMI FL

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

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29. NAME ☐ DELETE

30. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

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30. NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of this corporation or the trustee 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.

SIGNATURE:

Victoria R. Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(205) 670-1790

CR2E034 (12/95)