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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L05357

(3)

| DOCUMENT # L05357 (3) 1. Corporation Name CENTURY REHAB, INC. | | | | | | | | |
|--|--|--|--|--|---|------------------------|---|---|
| rincipal Place of Business | Mail | ing Address | | | | | - B(BH) D)\$J[B(B]] | 11811 BITH 1981 |
| % ROBERT GALE | | % ROBERT GALE | | | | | | |
| 5821 HOLLYWOOD BLVD. #204 | | 5821 HOLLYWOOD B | | | | | | |
| HOLLYWOOD FL 33021 | | HOLLYWOOD FL 33021 | | Date Incorporated or Qualified 3a. Date of Last Report | | | | |
| | | | | <u></u> | 07/27/1989 | <u> </u> | 03/10/19 | |
| Principal Place of Business | ⊢ | Mailing Address | | | 4. FEI Number 65-0135333 | | <u> </u> | oplied For of Applicable |
| | 26 | C 11. A.1 H +10. | | | 05/133333 | | | Additional |
| Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | + • · · · · | equired |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | Мау Ве |
|] | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip Country | | Zip | Country | <i>t</i> | 8. This corporation has liability for | r intangible :s □No | tax under s 1 | 99.032, |
| 25 | 29 | | 30 | | Florida Statutes Ye 10. Name and Address of New | | d Agent | |
| g. Name and Address | of Current Regist | ered Agent | 81 | Name | Ig. Name and Address of New | g. | | |
| OALS DODGET | | | | | ess (P.Ö. Box Number is Not Accepta | able) | | |
| Gale, Robert 335 indiana street | | 8 | | Street Addr | ess (P.O. Box Number is Not Accepta | агле; | | |
| HOLLYWOOD FL 33019 | | | 83 | | | | | |
| 1100211100012 | | | 84 | Gity | | | ■ 85 Zip | Code |
| | | | - | \ ' ' | | F | | |
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| or registered agent, or both, in the Statemiliar with, and accept the obligation IGNATURE Signature, typed or printed name of recognition. 2. OFFI TLE PTD | ate of Florida, Sucri as of, Section 607.0 | pplod# (No | S. | ent signature require | TO CHOICE STATE OF THE COST OF THE COST | DAFL | | |
| or registered agent, or both, in the Statement and accept the obligation IGNATURE Signature: typed or printed name of registered agent. OFFI 2. OFFI AME GALE, ROBERT | ate of Florida, Such as of, Section 607.0 gistered agon are title La | Change was authoriz 0505, Florida Statutes pploate (No TORS | ote By the Corp. S. 13. 1 1 TITLE 1.2 NAME | ent signature require | d what mestating | DAFL | ND DIRECTOR | RS IN 12 |
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NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 3-5-96 SIGNATURE: