

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 # L16886 (8)

1. Corporation Name

SOUTHEAST REHABILITATION SERVICES, INC.



Principal Place of Business

6308 FOREST HILL BLVD
WEST PALM BCH FL 33415
US

Mailing Address

% STUART ROBLES
6901 W. CYPRESSHEAD DR
PARKLAND FL 33067

3. Date Incorporated or Qualified
09/19/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0143149

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

ROBLES, STUART
6901 W. CYPRESSHEAD DR
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

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

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84 City

FL

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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 typed or printed name of registered agent or current agent

Date of Registered Agent's signature or printed name and date

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROBLES, STUART
STREET ADDRESS 6901 W. CYPRESSHEAD DR
CITY-ST-ZIP PARKLAND FL ☐ DELETE

TITLE D
NAME ROBLES, JOANNE
STREET ADDRESS 6901 W. CYPRESSHEAD DR
CITY-ST-ZIP PARKLAND FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
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TITLE
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CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

407 969 8200