

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 19, 1999 8:00 am  
Secretary of State

04-19-1999 90125 006 \*\*\*150.00

DOCUMENT # L35790

1. Corporation Name  
REHAB TECHNOLOGIES, INC.

Principal Place of Business

712 E ALSOBROOK  
SUITE 1  
PLANT CITY FL 33566  
US

Mailing Address

712 E ALSOBROOK  
STE 1  
PLANT CITY FL 33566  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1989

4. FEI Number

59-2978491

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name

W. HART HOGAN

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

712 E. ALSOBROOK ST.;

83

SUITE 1

84 City

PLANT CITY

FL

85 Zip Code

33566

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	TDV	<input type="checkbox"/> DELETE
NAME	HOGAN, W HART	
STREET ADDRESS	3207 THACKERY WAY	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, FRED L	
STREET ADDRESS	604 ORANGE LAWN DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	AUDAS, MATTHEW B	
STREET ADDRESS	1801 N TEAKWOOD DR. E	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOGAN, CHARLENE H	
STREET ADDRESS	3207 THACKERY WAY	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, BETTY W	
STREET ADDRESS	604 ORANGE LAWN DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AUDAS, CHERYL	
STREET ADDRESS	1801 N. TEAKWOOD DR. E.	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: W. HART HOGAN 4/12/99 813-759-0784

CR2E034 (11/98)