

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 # **L65234** (1)

1. Corporation Name

**TOTAL REHABILITATIVE SERVICES OF PINELLAS COUNTY  
, INC.**



Principal Place of Business

Mailing Address

126 LAKESHORE DR. N  
8637 CERCLE CHATEAUX RAE AVE.  
PALM HARBOR FL 34684  
US

126 LAKESHORE DR. N  
8637 CERCLE CHATEAUX RAE AVE.  
PALM HARBOR FL 34684  
US

3. Date Incorporated or Qualified

04/13/1990

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

21 126 Lakeshore Dr. N

Suite, Apt. #, etc.

2a. Mailing Address

26 126 Lakeshore Dr N

Suite, Apt. #, etc.

4. FEI Number

59-3000593

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

22

City & State

Palm Harbor, FL

27

City & State

Palm Harbor, FL

24

Zip

34684

25

Country

Pinellas

29

Zip

34684

30

Country

Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, WENDI  
126 LAKESHORE DR. N  
PALM HARBOR FL 34684

81 Name

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

83

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

Sign and type or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
RUSSELL, WENDI  
126 LAKESHORE DR N  
PALM HARBOR FL

TITLE ☐ DELETE

NAME  
TSD  
TORASSO, KIM  
126 LAKESHORE DR N  
PALM HARBOR FL

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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 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; 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.

SIGNATURE:

Wendi Russell Wendi Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (813) 937-8673

Date

Daytime Phone #

CR2E034 (12/95)