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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L65234

(1)

FILED
Jan 27 1997 8:00am
Secretary of State

TOTAL REHABILITATIVE SERVICES OF PINELLAS COUNTY, INC. Principal Place of Business Mailing Address 126 LAKESHORE DRIVE NORTH 8637 CERCLE CHATEAUX RAE AVE. PALM HARBOUR FL 34684 PALM HARBOR FL 34684-1217										
US		US			3. Date Incom 04/13/18	porated or Qualified	1	te of Last R V)/1996	eport	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Numb				plied For	
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Suite, Apt.	#, elc	Suite, Apt. #, etc.				of Status Desired		\$8.75 Fee Re	Additional equired	
City & State)	Sity & State			6. Election C	ampaign Financing		\$5.00	May Be	
3 Palm	Harbor FL		bor.	FL	I I	Contribution		Added	•	
Zip 3469	Country	29 34684	Cou	ntry U-S	8. This corpo	oration has liability for stutes		tax under s] No	. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and	Address of New R	egistered /	Agent .		
	ASSO, KIM			81 Name					į	
	ASPEN COURT		ļ	82 Street A	Address (P.O. Box Nu	mber is Not Accepta	ıble)	"	······································	
PALI	M HARBOR FL 34684		-	83				·····		
			į	83						
				84 City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code	
III. Pursuanti office or n	to the provisions of Sections 607.050 edistered arient, or both, in the State	02 and 607 1508, Florida Stat e of Florida. Such change wa	utes, the ab	oove-named (corporation submits to poration's board of dir	nis statement for the ectors. I hereby acce	puipose oi	ointment as	registered	
agent. La	to the provisions of Sections 607.05/ egistered agent, or both, in the State in familiar with, and accept the oblig	gations of, Section 607 0505,	Florida Stat	utes > R ASS •	Λ.		purpose of ept the appoint	97	registered	
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4. I do 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 frue 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

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1-2097 (813)789-1840