

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 # **L70928** (1)  
1. Corporation Name  
**QUALITY CARE PROFESSIONAL REHABILITATION, INC.**



Principal Place of Business

Mailing Address

**19 EAST ACRE DRIVE  
PLANTATION FL 33317**

**19 EAST ACRE DRIVE  
PLANTATION FL 33317**

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **04/13/1995**

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANTAGES, ELIZABETH A.  
546 NW 69 TERR.  
MARGATE FL 33063**

81 Name

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

**330 JASMINE AVE**

83

84 City

**KEYSTONE HEIGHTS**

FL

85 Zip Code

**32656**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Elizabeth Pantages*

(NOTE: Registered Agent signature required when reinstating)

1/27/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **PANTAGES, ELIZABETH A.**  
CITY-ST-ZIP **546 NW 69 TERR.**  
**MARGATE FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **330 JASMINE AVE**  
1.4 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ DELETE  
NAME **DST**  
STREET ADDRESS **PANTAGES, JOHN A.**  
CITY-ST-ZIP **546 NW 69 TERR.**  
**MARGATE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **330 JASMINE AVE**  
2.4 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Elizabeth Pantages*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/27/96  
Date

Daytime Phone #

CR2E034 (12/95)