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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10712

(1)

1. Corporation Name PALM LAKES REHABILITATION, INC. Principal Place of Business Mailing Address C/O VINCENT MARINO 7268 W. ATLANTIC BLVD. MARGATE FL 33063 MARGATE FL 33063-4238							
				 Date Incorporated or Qualified 01/23/1985 		te of Last F 9/1996	Poport
· ¬	Place of Business	2a. Mailing Address		4. FEI Number		A	pplied For
M∫ State, Apt	# ele	Suite, Apt. #, etc.		59-2491940			ot Applicable Additional
22		27		5. Certificate of Status Desired			equired
City & Sta	de	City & State		6. Election Campaign Financing			May Be
Z _(F)	Country	[28] Zip	Country	Trust Fund Contribution			to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible Yes		5. 199.032,
	g. Name and Address of Cur			10. Name and Address of New Ro	egistered A	gent	
	RINO, VINCENT		81 Name				
	88 W. ATLANTIC BLVD.		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
MA	RGATE FL 33063		83				
			84 City			96 7in	Code
			1 1		FL	1 1	
office or	registered agent, or both, in the St	tate of Florida, Such charige was	s authorized by the corpor	ration's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATUHI	Signative syzied or pook dinamic of regulers:	d agent and tile if applicable (NO	OTE Registered Agent aignature req	<u></u>	DATE		
SIGNATUHI 12.	Stgrammenty and or printed national registers:	diagent and title if applicable (No AND DIRECTORS	OTE: Registered Agent signature req		DATE CERS AND	DIRECTOR	RS IN 12
SIGNATUHI	Signar no. 15, net or print of reprint of regions of FFICE RS	d agent and tile if applicable (NO	OTE Registered Agent aignature req	quired when (einstating)	DATE CERS AND		
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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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or a rector 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:

SIGNATURE AND TYPED OR PRINTED N

Susan Marino

3/7/97 954-979-1004

FILED

Mar 17 1997 8:00am

Secretary of State