

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M25013

1. Entity Name
ARLENE KAPLAN REHABILITATION SERVICES, INC.



Principal Place of Business
P O BOX 840938
PEMBROKE PINES, FL 33084

Mailing Address
P O BOX 840938
PEMBROKE PINES, FL 33084

FILED
Jul 26, 2004 08:00 AM
Secretary of State



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2621098

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAPLAN, ARLENE
671 S HOLLYBROOK DRIVE #101
PEMBROKE PINES, FL 33025

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arlene Kaplan*
Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
KAPLAN, ARLENE
671 S HOLLYBROOK DR #101
PEMBROKE PINES, FL

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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U00000168207
07/26/04-80004-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arlene Kaplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLENE KAPLAN, PRESIDENT

7/22/04 954-432-6094
Date Daytime Phone #