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 # **M54116** **(2)**

1. Corporation Name

REHABILITATION EXPERTISE, INC.

Principal Place of Business

90 EDGEWATER DRIVE
#114
MIAMI FL 33133

Mailing Address

90 EDGEWATER DRIVE
#114
MIAMI FL 33133

3. Date Incorporated or Qualified: **06/18/1987**

3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21 1765 E. RIVIERA DR.
Suite, Apt. #, etc.
22 —
City & State
23 MERRITT ISLAND
Zip
24 32952
Country
25 BREVARD

2a. Mailing Address
26 1765 E. RIVIERA DR.
Suite, Apt. #, etc.
27
City & State
28 MERRITT ISLAND
Zip
29 32952
Country
30 BREVARD

4. FEI Number: **59-2820220** — 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

9. Name and Address of Current Registered Agent

DOSCHER, ROSALIND
% REHABILITATION EXPERTISE, INC.
90 EDGEWATER DR., SUITE 114
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: ROSALIND B. DOSCHER
82 Street Address (P.O. Box Number is Not Acceptable): 1765 E. RIVIERA DRIVE
83
84 City: MERRITT ISLAND FL 85 Zip: 32952

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: x [signature] 4/1/96 DATE
Signature, typed or printed name of registered agent, and title if applicable (Note: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	DOSCHER, ROSALIND	
STREET ADDRESS	90 EDGEWATER DR #114	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	DOSCHER, ROSALIND	
STREET ADDRESS	90 EDGEWATER DR #114	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	1765 E. RIVIERA DRIVE	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1765 E. RIVIERA DRIVE	
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
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		

CR2E034 (12/95)

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: x [signature] 4/1/96 DATE (407) 449-0884 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR