

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 FEB 28 PM 3:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M99556 (6)

**1. Corporation Name
THE REHAB AND THERAPY CENTER, INC.**

Principal Place of Business

4780 W. ATLANTIC AVE.
DELRAY BEACH FL 33445
US

Mailing Address

PO BOX 7388
DELRAY BEACH FL 33484-7388
US

NEW ZIP
33482-7388

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
09/21/1988**

**3a. Date of Last Report
09/20/1994**

**4. FEI Number
65-0083116**

**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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**ST. ONGE, H. NORMAN
4780 W. ATLANTIC AVE.
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(None. Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

NAME

ST. ONGE, NORMAN

STREET ADDRESS

4780 W. ATLANTIC AVE.

CITY - ST - ZIP

DELRAY BEACH FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

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 110.07(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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director.

DATE

Anytime Phone #