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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09042** (5)

1. Corporation Name

**NORTH CENTRAL FLORIDA REHAB, INC.**

Principal Place of Business

Mailing Address

**4300 NW 89 BLVD  
GAINESVILLE FL 32606  
US**

**4300 NW 89 BLVD  
GAINESVILLE FL 32606  
US**

3. Date Incorporated or Qualified

**05/02/1985**

4. FEI Number

**59-2547485**

Applied For

Not Applicable

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

**DEMONTMOLLIN, STEPHEN J.  
4300 NW 89 BLVD  
GAINESVILLE FL 32606**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE

NAME **CARR, GLENA**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DVC** ☐ DELETE

NAME **MOUNGER, WILLIAM**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

1.2 NAME ☐ Change ☐ Addition

TITLE **DS** ☒ DELETE

NAME **BENNETT, EDWIN**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **P** ☐ DELETE

NAME **PEODIE, EDWARD C.**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DT** ☐ DELETE

NAME **DINKINS, ARNOLD**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BULLARD, AUDREY**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

2.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BULLARD, AUDREY**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

*Audrey Bullard*

2/16/98

852.237-8709

CR2E037 (10/97)

**North Central Florida Rehab, Inc.  
Corporation # N09042  
(Addendum to 1998 Corporation Annual Report)**

- D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606
  - D French, Royal 4300 NW 89 Blvd., Gainesville, FL 32606
  - D Martsof, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
  - D Nell, Cathy 4300 NW 89 Blvd, Gainesville, FL 32606
  - D Townsend, Wallace 4300 NW 89 Blvd., Gainesville, FL 32606
- Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606