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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90121 006 \*\*\*\*70.00

DOCUMENT # N09042

1. Corporation Name

NORTH CENTRAL FLORIDA REHAB. INC.

Principal Place of Business

4300 NW 89 BLVD  
GAINESVILLE FL 32606  
US

Mailing Address

4300 NW 89 BLVD  
GAINESVILLE FL 32606  
US

1 76869 - 90121 - 6 9 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/02/1985

4. FEI Number

59-2547485

Applied For

Not Applicable

5. Certificate of Status Desired XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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 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

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

DELETE

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

DELETE

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

DELETE

TITLE P  
NAME PEDDIE, EDWARD C.  
STREET ADDRESS 4300 NW 89 BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

DELETE

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

DELETE

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John P. Hickey* (Printed Name)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 305 671 4916

CR2E037 (11/98)

176869-90121-6  
N09042

**North Central Florida Rehab, Inc.**  
**Corporation # N09042**  
**(Addendum to 1999 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