			_			•		_	
FILE NOW: FILING FEE IS \$61.25						TILED			
NONPROFIT FLORIDA DEPAR CORPORATION Sandra B				RTMENT OF STATE					
	JAL REPORT	A-147(A)	Sandra B. Mortham Secretary of State			99 OCT ~ 1 AM 9: 01			
	1997 - 0\(^\)	7.7	DIVISION OF CORPORATIONS			SECRETARY	OF STATE		
						SECRETARY OF STATE FALLAHASSEE, FLORIDA			
1. Corporatio	MENT # N940 0	1) 6861 0000	'						
	DATION FOR INTENSIVE RI	REHABILITATION OF S	EXUA		1				
L TRA	UMA, INC.	uχ	wgg - 21357						
Frincipal Plac	e of Business	Mailing Address	4!						
PINE PARK CE	NTRE, 7021 SO TAMIAMI	7021 SO TAMIAMI TRAI	21 SO TAMIAM! TRAIL			REINSTATEMENT 07-49			
SARASOTA FL	34236		SARASOTA FL 34231-5552			3. Date Incorporated or Qualified 3a. Date of Last Report			
US		US				03/16/1994	07/03/1	996	
1	lace of Business	2a. Mailing Address			7	NOT APPLICABLE		pplied For lot Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	Additional	
City & State		City & State				5. Election Campaign Financing	Fee H	May Be	
23		28	28			Trust Fund Contribution		to Fees	
Z ₁ ρ Country 25		Zip	30 Cour	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
•21	9. Name and Address of Currer				1). Name and Address of New Re			
AUTOCET MALTE MACANED DATOICIA				81 Name					
MUSSELWHITE-WEAVER , PATRICIA 7021 SOUTH TAMIAMI TRAIL, SUITE C			l	Street Address (P.O. Box Number is Not Acceptable)					
)TA FL 34236			63		-10/06/9 ***358	9010600)13 9 75	
			1	84 City			FL 85 Zip	Code	
11. Pursuant i	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligi	02 and 617.1508, Florida State of Florida Such change was	utes, the ab	ove-named of	corporat oration's	ion submits this statement for the p	urpose of changing in the appointment as	its registered registered	
	m familial with, and accept the obliga	gations of, Section 617 0503, I	Florida Statu	ites.			9/24/99		
SIGNATURE _	Signature typed or printed name of registered age			Agent signature re	required wh		DATE		
TILE	OFFICERS AN	ND DIRECTORS DELETE	13. 1.1 TiT	LE T		ADDITIONS/CHANGES TO OFFICE	Change	RS IN 12 9	
NAME	MUSSELWHITE-WEAVER , PA	PATRICIA	1.2 NA	ME					
STREET ADDRESS	7021 SO TAMIAMI TRAIL, ST	TE C	1.3 ST	REET ADDRESS				PZE037	
CITY-ST-ZIF	SARASOTA FL	DELETE	1.4 CIT 2.1 TIT	Y-ST-2IP	7)		Change	Addition C	
TITLE	d Weaver, Donald G	Dottele	2.1 III	LE	1000	MAR DANNERS CO			
STHEET ADDRESS	1385- 43RD STREET		4	REET ADDRESS	つりみ	VOR, DONALD CO	mail, St	ec	
CITY - SI - ZIP	SARASOTA FL		4	TY-ST-ZIP	50	wasota, PZ 34	13/	į	
TITLE	D	DELETE	3.1 TITI		$\overline{\mathcal{D}}$	**	Change	Addition	
NAME	WILSON, KIRSTEN		3.2 NA	ME //	NILS	IC So Tamas	· Trons	Mac	
STREET ADDRESS	316 N LAKEVIEW DRIVE		3.3 STF	REET ADORESS	702	ON KINSTEN IC SO. Tamas rasota, FL 3	me /	9010-	
C'TY - ST - ZIP	LAKE HELEN FL	T nource		TY-ST-ZIP	544	rasore, ru	[]	Lidding	
TITLE		DELETE	4.1 TITI 4.2 NA				☐ Change	L_ Addition (
NAME STREET ADDRESS				REET ADDRESS					
CITY - ST - ZIP				Y-ST-ZIP				ļ	
TITLE	······································	☐ DELETE	5.1 TITI		- F		☐ Change	Addition	
NAME			5.2 NA	ME I					

STREET ADDRESS
CITY-ST-ZIP

14. If do 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 cath; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP 6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

☐ Addition