

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 003 ***150.00

DOCUMENT # P00000077617

1. Entity Name
INNOVATIVE REHAB CARE, INC.



Principal Place of Business
**2286-1 WEDNESDAY ST
TALLAHASSEE, FL 32308**

Mailing Address
**2286-1 WEDNESDAY ST
TALLAHASSEE, FL 32308**



07042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, NEIL H
2708 O'HARA COURT
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEITCHWORTH, CHUCK**
STREET ADDRESS **3976 PINTA CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **V**
NAME **WARREN, EARL L III**
STREET ADDRESS **2420 MONACO DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **ST**
NAME **LISSEN, ROBERT**
STREET ADDRESS **3980 BREEZER COURT**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #