

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000121600

1. Entity Name

AMERICARE REHAB, INC.



Principal Place of Business

200 KNUTH RD  
SUITE 150  
BOYNTON BEACH FL 33436

Mailing Address

200 KNUTH RD  
SUITE 150  
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

26-0005483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORCH, CRAIG L  
3030 ST JAMES DRIVE  
BOCA RATON FL 33434

Name

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

City

FL

Zip Code

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME STORCH, CRAIG L  
STREET ADDRESS 3030 ST JAMES DRIVE  
CITY- ST- ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME U000000259733  
STREET ADDRESS 03/11/05-80035-011 150.00  
CITY- ST- ZIP

TITLE STD ☐ Delete  
NAME STORCH, EILEEN  
STREET ADDRESS 3030 ST JAMES DRIVE  
CITY- ST- ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*Craig Storch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05  
Date

561-376-6166  
Daytime Phone #