PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P31923**

1. Corporation Name

REHABCARE SERVICES, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90077 034 ***150.00



Principal Place of Business Mailing Address						- Transidar 1828 tillet tibså illish tibbå tilt ment åtalt brutt brutt brutt ningt brutt	
5041 KILKENNEY COURT 5041 KILKENNEY COURT OLDSMAR FL 34677 OLDSMAR FL 34677							
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1						3. Date Incorporated or Qualifed	
L						11/20/1990	ļ
2. Princ	Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	ĺ
21	26					51-0316335 Not Applicable	
	ite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	
	City of City o					6. Election Campaign Financing 55.00 May Be	
23	City & State					Trust Fund Contribution Added to Fees	l
Zip			Country		_	This corporation owes the current year intangible	
24	25	29 3	10			Personal Property Tax.	
	9. Name and Address of Current	, 	1331			10. Name and Address of New Registered Agent	
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PERLSTEIN, MARY IT::			8:	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	
	OLDSMAR FL 34677		8:	3			
 	•		8	4 Cit	у	85 Zip Code	
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l offi	rsuant to the provisions of Sections 607.0502 ice or registered agent, or both, in the State of ent. I am familiar with, and accept the obligat	of Florida. Such change was aut	horized b	v the c	orporation	oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered	-
SIGNA	TURE					when reinstating) DATE	
			Registered Agent signature require 13.		itote iednised i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	6
12.		D DIRECTORS DELETE	1.1 TITLE		-η	Change ☐ Addition	3
	PERLSTEIN, MARY T.	() Detc L	I				
NAME	TO A A SAN LITTLE COLLEGE		1.2 NAME 1.3 STREET ADDRESS			,	8
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CITY-ST-Z	OLDSMAR FL		1.4 CITY-			☐ Change ☐ Addition	2
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ì		_ +cc.;c	6.2 NAME		1		ĺ
NAME				6.3 STREET ADDRESS			
STREET AL	DDRESS1		A O O INC				1

CITY-ST-ZIP 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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

4/26/9 (937) 787-9436.