

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:17

DOCUMENT # P92000004300 (9)

1. Corporation Name

DREEBEN THERAPY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3000 S OCEAN BLVD
SUITE 1205
BOCA RATON FL 33432

3000 S OCEAN BLVD
SUITE 1205
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

07/01/1994

4. FEI Number

65-0371291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUMIN, EDWARD R
2500 N FEDERAL HIGHWAY
SUITE 201
FORT LAUDERDALE FL 33305

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the Secretary of State. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

HAROLD P. DREEBEN, V.P.

3-9-95

Signature and typed name of registered agent and the corporation

DATE Registered Agent by doing nothing when necessary

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DREEBEN, HAROLD
3000 S OCEAN BLVD SUITE 1205
BOCA RATON FL 33432

13.1
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.2
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DREEBEN, OLGA
3000 S OCEAN BLVD SUITE 1205
BOCA RATON FL 33432

13.2
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.3
NAME
STREET ADDRESS
CITY - ST - ZIP

13.3
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.4
NAME
STREET ADDRESS
CITY - ST - ZIP

13.4
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.5
NAME
STREET ADDRESS
CITY - ST - ZIP

13.5
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

12.6
NAME
STREET ADDRESS
CITY - ST - ZIP

13.6
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted in 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 of this report as an attachment with an address.

SIGNATURE

HAROLD P. DREEBEN-V.P.

3-9-95 (407) 391-0674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number