

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90087 050 ***150.00

DOCUMENT # P92000004300

1. Corporation Name

DREEBEN THERAPY ASSOCIATES, INC.



Principal Place of Business

145 EGRET DRIVE
JUPITER FL 33458
US

Mailing Address

145 EGRET DRIVE
JUPITER FL 33458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

4. FEI Number

65-0371291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1300 S. A1A STE. 622

Suite, Apt. #, etc.

22 City & State

23 JUPITER, FL

24 Zip 33477 25 Country U.S.A.

2a. Mailing Address

26 1300 S. A1A

Suite, Apt. #, etc.

27 622

City & State

28 JUPITER, FL

29 Zip 33477 30 Country U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DREEBEN, HAROLD
STREET ADDRESS 145 EGRET DRIVE
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE D
NAME DREEBEN, OLGA
STREET ADDRESS 145 EGRET DRIVE
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME DREEBEN, HAROLD
1.3 STREET ADDRESS 1300 S. A1A STE. 622
1.4 CITY-ST-ZIP JUPITER, FL

☒ Change ☐ Addition
IN ADDRESS

2.1 TITLE D
2.2 NAME DREEBEN, OLGA
2.3 STREET ADDRESS 1300 S. A1A STE. 622
2.4 CITY-ST-ZIP JUPITER, FL

☒ Change ☐ Addition
IN ADDRESS

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

HAROLD P. DREEBEN
VICE PRESIDENT

4-26-99

Date

Daytime Phone #

CR2E034 (11/98)