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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEF'ARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001985 (9)

REHAB EVALUATORS, INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			i igarida, ma madd com agus dhun bhiri bhiri dhu	ı ılbiği ikiği id	1101 0117 1001
2781 W STATE RD 434		2781 W STATE RD 434					
LONGWOOD FL 32779		LONGWOOD FL 32779		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	ACE	
<u> </u>					01/02/1993		1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I	pplied For
21		26			59-3158815	_ ⊢—	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	
22		27	27		5. Certificate of Status Desired		equired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Ζφ	Country		8. This corporation owes or has paid the curr	ept year in	tangible
24	25		30] No
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Registered	Agent	
DO	UGHERTY, PATRICK J		81	Name			
2781 W STATE RD 434			82	82 Street Address (P.O. Box Number is Not Acceptable)			
LO	NGWOOD FL 32779						
}			83				
			84	City		85 Zip	Code
			["	City	FL	65 2"	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florida Statute	s, the above	-named co	rporation submits this statement for the purpose of	changing i	ts registered
agent. La	ns familiar with, and accept the ol	oligations of, Section 607.0505, Flo	rida Statutes	тив согроп 6.	ation's board of directors. I hereby accept the app	on in the reas	registered
SIGNATURE							ĺ
<u> </u>	Signature, typod or printed name of registeres			nt signatura req	kuired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	S DATE OF THE PARTY OF THE	DELETE	1.1 TITLE			Change	Addition
NAME	DOUGHERTY, PATRICK J		1.2 NAME				
STREET ADDRESS	2781 W STATE RD 434		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY - S	1-21P			
TITLE	CEO	DELFTE	2.1 TITLE			☐ Change	Addition
NAME	DOUGHERTY, JOAN S		2.2 NAME				
STREET ADDRESS	605 SUMMERHAVEN DR		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	DEBARY FL		2 4 CITY-5	ST-ZIP			
TITLE			3.1 THILE			Change	L Addition
NAME	ROGERS, GLORIA J		3.2 NAME	-			l
STREET ADDRESS	887 WOODCREST WAY		3.3 STREE1	address			l
CITY-ST-ZIP	OVIEDO FL	· · · · · · · · · · · · · · · · · · ·	3.4 CITY-5	1-21P			
TALE		☐ DELETE	4 1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS]
CITY - ST - ZIP			4.4 CITY - S	T - ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	ļ			Į
STREET ADDRESS			5.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP			54 CITY-S	T-ZIP			
TETLE		DELETE	61 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	l			Į
STREET ADDRESS			6.3 STREFT	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	1- 2 IP			j
	ertify that the information supplies	d with this filing does not qualify for			n Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information

emental 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 the receiver or frouge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attaching of with an address.

SIGNATURE: