

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000001985 (9)**

1. Corporation Name
REHAB EVALUATORS, INC.

Principal Place of Business

**2781 W STATE RD 434
LONGWOOD FL 32779**

Mailing Address

**2781 W STATE RD 434
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1993

4. FEI Number

59-3158815

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGHERTY, PATRICK J
2781 W STATE RD 434
LONGWOOD FL 32779**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

S

☐ DELETE

NAME

DOUGHERTY, PATRICK J

STREET ADDRESS

2781 W STATE RD 434

CITY-ST-ZIP

LONGWOOD FL

TITLE

CEO

☐ DELETE

NAME

DOUGHERTY, JOAN S

STREET ADDRESS

605 SUMMERHAVEN DR

CITY-ST-ZIP

DEBARY FL

TITLE

P

☐ DELETE

NAME

ROGERS, GLORIA J

STREET ADDRESS

887 WOODCREST WAY

CITY-ST-ZIP

OVIEDO FL

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