

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018859 (7)

1. Corporation Name

PHYSICAL REHABILITATION CENTER OF NICEVILLE, INC



Principal Place of Business

705 W. JOHN SIMS PKWY
B
NICEVILLE FL 32578
US

Mailing Address

705 W. JOHNS SIMS PKWY
B
NICEVILLE FL 32578
US

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

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9. Name and Address of Current Registered Agent

JOHNSON, EDWARD T
222 GOVERNMENT ST.
SUITE A
NICEVILLE FL 32578

3. Date Incorporated or Qualified

03/12/1993

3a. Date of Last Report

02/27/1995

4. FEI Number

59-2731212

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Johnson Edward

82

Street Address (P.O. Box Number is Not Acceptable)

705 John Sims Pkwy

83

84

City

Niceville

FL

85

Zip Code

32578

11. Pursuant to the provisions of Sections 607.002 and 607.1008, 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 607.009, Florida Statutes.

SIGNATURE

Signature of person submitting this report

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

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