

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000036073 (3)

1. Corporation Name
REHABACCESS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:58

Principal Place of Business
2451 McMULLEN BOOTH RD.
OAKBROOK TOWER, SUITE 200
CLEARWATER FL 34619
US

Mailing Address
2451 McMULLEN BOOTH RD.
OAK BROOK TOWER, SUITE 200
CLEARWATER FL 34619
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
04/05/1994

4. FEI Number
65-0410500

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORENO, REGINALDO P.
2451 McMULLEN BOOTH RD.
SUITE 211
CLEARWATER FL 34619

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

(REGINALDO P. MORENO) SECRETARY

1/26/95

Printed or typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MATIAS, RAUL D
365 WOOD DOVE AVE.
TARPON SPGS. FL

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5474 GREYSTON STREET
PALM HARBOR, FL 34685

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

SD
MORENO, REGINALDO P
365 WOOD DOVE AVE.
TARPON SPGS. FL

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

VD
ALBA, GREGORIO S
% 410 TIMBER LANE
PALM HARBOR FL 34683

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

5688 BRIDGTON COURT
PALM HARBOR FL 34685

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

(REGINALDO P. MORENO)

1/26/95

(813) 7993794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #