

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

1062

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000036073 (3)

1. Corporation Name

REHAB ACCESS, INC.

FILED

97 AUG 25 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2220 US HWY. 19
HOLIDAY, FL 34691
USA

Mailing Address
2220 US HWY. 19
HOLIDAY, FL 34691
USA

3. Date Incorporated or Qualified 05/17/93 3a. Date of Last Report 09/18/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. N/A 26 Suite, Apt. #, etc. N/A
22 City & State N/A 27 City & State N/A
23 Zip N/A 28 Zip N/A
24 Country N/A 29 Country N/A
25 Country N/A 30 Country N/A

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

GREGORIO S. ALBA
2220 US HWY. 19
HOLIDAY, FL 34691
USA

81 Name GREGORIO S. ALBA
82 Street Address (P.O. Box Number is Not Acceptable) 2220 US HWY. 19
83
84 City HOLIDAY FL 85 Zip Code 34691

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 GREGORIO S. ALBA

08/22/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE D ALBA, GREGORIO S. ☐ DELETE
NAME 2220 US HWY. 19
STREET ADDRESS HOLIDAY, FL 34691
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: GREGORIO S. ALBA

08/22/97

(813) 934-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)



2062

August 22, 1997

Florida Department of State
Annual Reports Filings
Divisions of Corporations
Tallahassee, FL 32314

RE: P93000036073 (3) REHAB ACCESS, INC.


To whom it may concern:

When I called your office to request for the Certificate of Status, I found out that the SECOND application form with the check of \$165.00 was returned due to lack of original signature. I have never received it back yet up to this time. So, your office instructed me to send another application with the check of \$165.00 to the above address. (This is the third application being send, of which, the first two were returned to me but have not received).

I have enclosed copies of the previous checks sent, and the copy of the letter which accompanied the SECOND application form. PLEASE TAKE NOTE OF THE NEW OFFICE ADDRESS:

REHAB ACCESS, INC.
2220 US Highway 19
Holiday, FL 34691

Sincerely,


Gregorio Alba
Director