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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000046639 (9)

1. Corporation Name

NATIONAL REHAB SERVICES, INC.

Principal Place of Business

2829 E COMMERCIAL BLVD
SUITE 306
FT LAUDERDALE FL 33308
US

Mailing Address

PO BOX 5208
FT LAUDERDALE FL 33310-5208
US



2. Principal Place of Business

21 3918 Via Poinciana Dr.

Suite, Apt. #, etc.

22 Suite 7

City & State

23 Lake Worth, FL

24 Zip 33467

Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0424633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name LEONARD K. SAMUELS, ESQ.

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

100 Northeast 3rd Avenue, Suite 400

83

84

City Ft. Lauderdale,

FL

85 Zip Code

33301

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

Leonard K. Samuels

January 23, 1997

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 ☐ DELETE

NAME D ROSENBERG, RALPH
STREET ADDRESS 1800 NORTHEAST 114TH STREET STE. 1910
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ DELETE

NAME DPV GUTHRIE, WILLIAM
STREET ADDRESS 1863 N. ATLANTIC. BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

Leonard K. Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-938-3770

Date

Daytime Phone #

0288459

CR2E034 (9/96)