

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000054922 (8)

1. Corporation Name

REHABILITATION SPECIALISTS OF SOUTH FLORIDA, INC



Principal Place of Business

Mailing Address

1110 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33317
US

1110 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33317
US

2. Principal Place of Business

2a. Mailing Address

21 1110A HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

26 1110A HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33009 Country

28 Zip 33009 Country

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0426725

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

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

9. Name and Address of Current Registered Agent

SHIRLEY, MICHAEL
1110 EAST HALLANDALE BEACH BOULEVARD
HALLANDALE FL 33317

10. Name and Address of New Registered Agent

81 Name SAUL LERNER /o Rehab. Spec.
82 Street Address (P.O. Box Number is Not Acceptable) 1110-AE. HALLANDALE BEACH BLVD
83
84 City HALLANDALE FL 85 Zip Code 33009

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, in 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

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SHIRLEY, MICHAEL	
STREET ADDRESS	11440 EAST HALLANDALE BEACH BOULEVARD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VSD PD	<input type="checkbox"/> DELETE
NAME	GOLD, BRYAN	
STREET ADDRESS	1221 NW 101ST AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAUL LERNER	
STREET ADDRESS	1110A E. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (954) 454-7290

CR2E034 (12/95)