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FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
1110A HALLANDALE BCH BLVD
HALLANDALE FL 33009
US

Mailing Address
1110A HALLANDALE BCH BLVD
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1993

4. FEI Number

65-0426725

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 207 E. HALLANDALE BEACH BLVD

2a. Mailing Address

1133 S. UNIVERSITY DR #201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 HALLANDALE FL

27 City & State

28 PLANTATION FL

Zip

Country

Zip

Country

24 33009

25

29 33324

30

9. Name and Address of Current Registered Agent

LERNER, SAUL
C/O REHABIL SPEC.
1110-A E. HALLANDALE BCH BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83 207 E. HALLANDALE BEACH BLVD

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/98

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME LERNER, SAUL
STREET ADDRESS 1110A E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FL

TITLE SDVP ☒ DELETE

NAME SEIDENSTEIN, BRUCE
STREET ADDRESS 1110 E. HALLANDALE BEACH BYLD.
CITY-ST-ZIP HALLANDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VDP ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 207 E. HALLANDALE BEACH BLVD
1.4 CITY-ST-ZIP HALLANDALE, FL 33009

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VDP/T ☐ Change ☒ Addition

3.2 NAME THOMAS F. WALSH
3.3 STREET ADDRESS 1133 S. UNIVERSITY DR #201
3.4 CITY-ST-ZIP PLANTATION, FL 33324

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 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

04/21/98

CR2E034 (10/97)