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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074657 (6)

ROYAL PALM REHABILITATION SERVICES, INC.

Principal Place of Business Mailing Address

109 STAPI ING AVF 109 STAPI ING AVF

FILED Apr 04 1997 8:00am Secretary of State



109 STARLING AVE ROYAL PALM BEACH FL 33411		109 STARLING AVE ROYAL PALM BEACH FL	109 STARLING AVE ROYAL PALM BEACH FL 33411-1714			:			
						3. Date incorporated or Qualified 10/27/1993		e of Last R 5/1996	eport
2. Principal Pl	2a. Mailing Address	ess			4. FEI Number		Ar	oplied For	
21		26	26			65-0421662		No	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country Zrp 29 30			Country 8. This corporation has liability for intangible tax under s. Florida Statutes Yes X No				. 199.032,	
	g. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered A	jent	
PET	ERSON, CARMEN		·	81	Name				
109 STARLING AVE ROYAL PALM BEACH FL 33411				62	Street Address (P.O. Box Number is Not Acceptable)				
,				83					
L					City		FL] .	Code
11. Persuant to office or reagent. Lac	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the c	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the at authorized lorida Stat	oove-r d by ti utes.	named cor ne corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of our the appo	hanging it intment as	s registered registered
SIGNATURE									
					uper erutangla	ired when reinstating)	DATE	WOE OF OF	SO 151 25
12.	PD	DELETE	13.		·	ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12
TITLE	PETERSON, ARTHUR R	☐ betei€	1.1 TI		ł			iii Granya	
NAME	109 STARLING AVE		1.2 NA						
STREET ADDRESS	ROYAL PALM BEACH FL 3	19411		REET AL	i				
CITY - ST - 74P TITLE				1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
NAM5	ACTERACUL CARMEN			2.2 NAME			•	onlings	
STREET ADDRESS	109 STARLING AVE		0.0		/DDECC	· · ·			
CITY - SY - ZIP	ROYAL PALM BEACH FL 33411			2.3 STREET ADDRESS 2.4 City-St-Zip					
TITLE				3.1 TITLE				Change	Addition
NAME	PETERSON, ANDRE	—	3.2 NA				_	-	
STREET ADDRESS	109 STARLING AVE			REET AL	DRESS				
CITY-ST-ZIP	DOVAL BALL DEADLE OA444		ITY - \$T -				-		
TiTLE	The state of the s		4 1 TI			The state of the s		Change	Addition
NAME			4.2 N	AME	ĺ				
STREET ADDRESS			4.3 ST	REET AL	DAESS				}
CITY - ST - ZIP			4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 7(1	ILE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET AL	DRESS				
CHY-S1-ZIP		······································		TY-ST-	ZIP				
TITLE		DELETE	6.1 111	ILE			[Change	Addition
NAME			6.2 NA	ME					
STREET ADURESS			6.3 ST	REET AL	DRESS				
C(1Y - S1 - ZIF			6.4 CI	TY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 561/79

tirrie Prione #