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

PROFIT CORPORATION ANNUAL REPORT

1998



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

FILED Feb 19 1998 8:00am Secretary of State



109 STARLING AVE ROYAL PALM BEACH FL 33411		109 STARLING AVE ROYAL PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 10/27/1993			
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26 SAME				65-0421662		No	Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22	-	27				S. Continuate of Oldies Desires		ee Re	quired
City & State	е	City & State	⊢ ′			6. Election Campaign Financing			May Be
23		28	· • · · · · · · · · · · · · · · · · · ·					dded t	
Zip	Country	Žiρ	-	ntry		8. This corporation owes or has paid			
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
		nt Hegistered Agent	Name	10, Name and Address of New Regis	stered Agent				
PETERSON, CARMEN				81	rvanie				
109 STARLING AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
ROYAL PALM BEACH FL 33411									
				83					
	_				City		FL 85	Zip C	ŀ
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	Signature, typed or printed name of registered ag	ont and title if applicable.	(NOTE: Registere	Agent	signature requi	ired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			S IN 12
TITLE	PD	☐ DELET	E 1.1 TI	TLE			☐ C	nange	☐ Addition
Name	PETERSON, ARTHUR R		1.2 N/	ME	ŀ				
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			1.4 CITY-ST-ZIP					
TITLE	DELETE		E 2.1 TI	2.1 TITLE			☐ C	nange	☐ Addition
NAME	PETERSON, CARMEN		2.2 N/	2.2 NAME					
STREET ADDRESS	109 STARLING AVE			2.3 STREET ADDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			2.4 CITY-ST-ZIP					
TITLE			3.1 TI	3.1 TITLE			C	nange	☐ Addition
NAME	PETERSON, ANDRE		3.2 NA	ME					ì
STREET ADDRESS	109 STARLING AVE		3.3 ST	REET AD	ODRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		3.4. C	3.4. CITY-ST-ZIP					ŀ
TITLE		☐ DELET	E 4,1 TI	TLE .				ange	Addition
NAME			4.2 N	AME					ļ
STREET ADDRESS			4.3 ST	REET AO	ODRESS				
CITY-ST-ZIP			4.4 CC	TY-ST-	ZIP				
TITLE		DELET					C	iange	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET AD	DRESS				
CITY-ST-ZiP				TY-ST-2					
TITLE		DELET			-		□ 0	iange	Addition
NAME		<u> </u>	6.2 NA					-	
STREET ADDRESS				reet ad	ODRESS				
CITY-ST-ZIP				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.