

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 # P93000075447 (1)

1. Corporation Name

REHAB OPTIONS, INC.



Principal Place of Business

2803 SPIVEY LN  
ORLANDO FL 32837  
US

Mailing Address

2803 SPIVEY LN  
ORLANDO FL 32837  
US

2. Principal Place of Business

2a. Mailing Address

21 4604 CHEYENNE PT TRAIL  
Suite, Apt. #, etc.

26 4604 CHEYENNE PT TRAIL  
Suite, Apt. #, etc.

22 City & State  
23 KISSIMMEE FL

27 City & State  
28 KISSIMMEE FL

24 Zip 34746  
Country FL

29 Zip 34746  
Country

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3206774

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

PELGONE, CLEOTIDE C  
2803 SPIVEY LN  
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

PELGONE, CLEOTILDE C

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

83

4604 CHEYENNE PT TRAIL

84 City

KISSIMMEE

FL

85 Zip Code

34746

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

*Christilde C. Pelgone*

3/7/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME DELEON, CAMILE C  
STREET ADDRESS 2803 SPIVEY LN  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME PELGONE, CLEOTIDE C  
STREET ADDRESS 2803 SPIVEY LN  
CITY-ST-ZIP ORLANDO 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME PELGONE, CLEOTILDE C  
2.3 STREET ADDRESS 4604 CHEYENNE PT TRAIL  
2.4 CITY-ST-ZIP KISSIMMEE, FL 34746

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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:

*Christilde C. Pelgone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Date

Daytime Phone #

CR2E034 (12/95)