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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000077756 (3)**

1. Corporation Name

**REHABILITATION TRAINING INSTITUTE, INC.**



Principal Place of Business

**2710 REW CIR.  
SUITE 100  
OCOE FL 34761**

Mailing Address

**2710 REW CIR.  
SUITE 100  
OCOE FL 34761-2990**

3. Date Incorporated or Qualified

**11/09/1993**

3a. Date of Last Report

**11/04/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRVEN, ROGERS  
2710 REW CIRCLE  
SUITE 100  
OCOE FL 34761**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

☐ DELETE

NAME

**BORCHECK, MICHAEL S  
201 N. NEW YORK AVE., SUITE 302  
WINTER PARK FL 32789**

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

☐ DELETE

NAME

**ROGERS, KIRVEN  
2714 REW CIRCLE  
OCOE FL 34761**

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

**DEVINE, DAN  
2710 REW CIR., SUITE 100  
OCOE FL 34761**

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

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NAME

**COLBURN, DAVID  
2710 REW CIR., SUITE 100  
OCOE FL 34761**

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

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CITY - ST - ZIP

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CITY - ST - ZIP

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-97**

Date

**407 656 3906**

Daytime Phone #

CR2E034 (9/96)