

ALL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
IF DISSOLVED, RETURN TO THE SECRETARY OF STATE: 9799.

FILED

99 AUG -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1992- 1993	
4. FEI Number 59-3228874	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
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME Bhatia Motilal 9 Windermere Rd Montclair NJ 07043		1.1 TITLE ☐ Change ☐ Addition	
2. NAME SHARON 2506 S.E. 8TH ST. POMPANO BEACH FL		2.1 TITLE ☐ Change ☐ Addition	
3. NAME [Blank]		3.1 TITLE ☐ Change ☐ Addition	
4. NAME [Blank]		4.1 TITLE ☐ Change ☐ Addition	
5. NAME [Blank]		5.1 TITLE ☐ Change ☐ Addition	
6. NAME [Blank]		6.1 TITLE ☐ Change ☐ Addition	
7. NAME [Blank]		7.1 TITLE ☐ Change ☐ Addition	
8. NAME [Blank]		8.1 TITLE ☐ Change ☐ Addition	
9. NAME [Blank]		9.1 TITLE ☐ Change ☐ Addition	
10. NAME [Blank]		10.1 TITLE ☐ Change ☐ Addition	
11. NAME [Blank]		11.1 TITLE ☐ Change ☐ Addition	
12. NAME [Blank]		12.1 TITLE ☐ Change ☐ Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
Date: 7/23/99
Daytime Phone: 954-2705727

PROFIT CORPORATION
ANNUAL REPORT
1999
DOCUMENT#
Corporation Name
REHAB SERVICES OF

Principal Place of Business 8082 W OAKLAND PK BL SUNRISE FL 33313 US	Mailing Address 2506 S.E. 8TH ST. POMPANO BEACH FL 33069 US
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1. Principal Place of Business 2. Suite, Apt. #, etc. 3. City & State 4. Country	2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. City & State 2d. Country
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5. Name and Address of Current Registered Agent SOROTA, ALAN M. 200 N.W. 185TH STREET, PH-4 MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (5/98)

From: -

SANJIV SHAH
AMERICAN REHAB ASSOCIATE
~~INC~~ INC

2596 SE 8 ST
POMPANO BEACH FL 3306

To

2

Division of Corporation

PO Box 6327

Tallahassee, FL, 32314

Subj: - Requesting waiving late fee on
following 3 corporation as
I have never received previous
notices.

Respected Sir/Madam,

As above corporation address
was under construction since last
July 98 till June 99. All previous
correspondence was mailed back to
you by postal service. I have enclosed
copy of your 2nd request which I found
at post office when I went personally. As
I have not received any previous annual
reports, I hereby request you to kindly waive
late fee. Please find 3 checks, each
one for \$150⁰⁰/₁₀₀ for 3 corporations. as per
my conversation to the officer in Tallahassee.

(contd)