

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010166 (4)

1. Corporation Name

COMPREHENSIVE MEDICAL REHAB OF PALM BEACH, P.A.

Principal Place of Business

655 N. MILITARY TR.
SUITE 7
WEST PALM BEACH FL 33405

Mailing Address

655 N. MILITARY TR.
SUITE 7
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0467448

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

8. This corporation has ability for intangible tax under a
Florida Statute ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # etc

26 Suite, Apt # etc

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

25 City & State

30 City & State

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PSOINOS, GEORGE D ESQ.
1655 PALM BEACH LAKES BLVD.
SUITE 106
WEST PALM BEACH FL 33401

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 607.0102 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0905, Florida Statutes.

SIGNATURE

Signature must be printed name. If registered agent is not the corporation, the signature must be of a person authorized to sign on behalf of the corporation.

If the corporation is a partnership, the signature must be of a partner or a person authorized to sign on behalf of the partnership.

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOPE, ANDREW P D.C.
STREET ADDRESS 1 COMMODORE PL.
CITY, ST, ZIP PALM BEACH GARDENS FL 33410

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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