

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:18

DOCUMENT # P94000022079 (5)

1. Corporation Name

ALTAMONTE REHAB. INC.

Principal Place of Business

1809 JESSICA CT.
WINTER PARK FL

Mailing Address

1809 JESSICA CT.
WINTER PARK FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-8230403

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 liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

21 277 DOUGLAS AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 275 1006

27

City & State

City & State

23 Altamonte Spgs FL

Country

24 32714

Country

25 Seminole

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMBO, VKKI J
211-7 N. PARK AVE.
SANFORD FL 32771

81 Name

ROBERT GRANT

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

277-1006 DOUGLAS AVE

83

Altamonte Springs

84 City

FL

85 Zip Code

32714

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]

(NOTE: Registered Agent signature required when registering)

DATE

3/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RAMBO, VKKI J
212-7 N. PARK AVE.
SANFORD FL 32771

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PSD
ROBERT GRANT
277-1006 DOUGLAS AVE
Altamonte Springs FL 32714

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert B. Grant III, President

3/30/95

Date

407 774 6114

Daytime Phone #