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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000022356 (7)

1. Corporation Name

REHAB MANAGEMENT SPECIALISTS, INC.

Principal Place of Business

1839 BUFORD CT.
TALLAHASSEE FL 32308
US

Mailing Address

1839 BUFORD CT.
TALLAHASSEE FL 32308-4485
US



2. Principal Place of Business

21 910 Myers Park Drive

Suite, Apt. #, etc.

22 City & State

23 Tallahassee FL

Zip

24 32301

Country

25 USA

2a. Mailing Address

26 6753 Thomasville Rd / 108

Suite, Apt. #, etc.

27 City & State

28 Tallahassee FL

Zip

29 32312

Country

30 USA

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

05/14/1996

4. FEI Number

65-0473696

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

CAPTAIN, CHRISTINA A
6375 MALLARD TRALE DR.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

Captain, Christina

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

4127 Wimers Circle # 216

83

84 City

SARASOTA

FL

85 Zip Code

34238

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

Christina Ann Captain

Christina Ann Captain

4.15.97

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME CAPTAIN, CHRISTINA A
STREET ADDRESS 6811 SEABISCUIT DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPS ☐ DELETE

NAME BLACK, M. KYMBERLY
STREET ADDRESS 6811 SEABISCUIT DRIVE
CITY-ST-ZIP TALLAHASSEE 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition

1.2 NAME CAPTAIN, CHRISTINA A.
1.3 STREET ADDRESS 6375 MALLARD TRALE DR.
1.4 CITY-ST-ZIP TALLAHASSEE FL 32312

2.1 TITLE VPS ☒ Change ☐ Addition

2.2 NAME BLACK, M. KYMBERLY
2.3 STREET ADDRESS 6375 MALLARD TRALE DR.
2.4 CITY-ST-ZIP TALLAHASSEE FL 32312

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Christina Ann Captain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Ann Captain

4/15/97

Date

800.210.1517

Daytime Phone: #

0047799

CR2E034 (9/96)