

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90044 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030273

1. Corporation Name
MUSCULOSKELETAL REHAB, INC.

Principal Place of Business
PO BOX 451777
SUNRISE FL 33345-1777

Mailing Address
PO BOX 451777
SUNRISE FL 33345-1777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

65-0484624

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 owes the current year intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 4070 CACTUS LANE

26 4070 CACTUS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

MT. DORA, FL

28 City & State

MT. DORA, FL

24 Zip

32757

Country

LAKE

29 Zip

32757

Country

LAKE

9. Name and Address of Current Registered Agent

VERGARA, MARIA
182 E. RIVERBEND DRIVE
SUNRISE FL 33326

81 Name

MARIA C VERGARA

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

4070 CACTUS LANE

83

84 City

MT. DORA

FL

85 Zip Code

32757

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

Maria C Vergara

MARIA C VERGARA (VP)

DATE

4-6-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME SEIDERMAN, BARBARA
STREET ADDRESS 10382 N.W. 24TH PL. #110
CITY-ST-ZIP SUNRISE FL 33322

TITLE SD ☐ DELETE

NAME VERGARA, MARIA
STREET ADDRESS 10382 N.W. 24TH PL. #110
CITY-ST-ZIP SUNRISE FL 33322

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 ☐ Change ☐ Addition

1.2 NAME BARBARA SEIDERMAN
1.3 STREET ADDRESS 4070 CACTUS LANE
1.4 CITY-ST-ZIP MT. DORA, FL 32757

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME MARIA C VERGARA
2.3 STREET ADDRESS 4070 CACTUS LN
2.4 CITY-ST-ZIP MT. DORA, FL 32757

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 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, with all other like empowered.

SIGNATURE:

Maria C Vergara

Vice President 4/6/99 (352) 385-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)