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PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # P940	000035378	(6)		
OPTI	MUM REHAB, INC.			 	
Principal Place	of Business	Mailing Address			IBAH DOJII BOTOR IMBI DHOR IIIH IBAGI HAA 1881
LAKE MARY CITY CENTRE 2500 W LAKE MARY BLVD. #101B LAKE MARY FL 32746 US		LAKE MARY CITY CENTRE 2500 W. LAKE MARY BLVD SUITE 101B LAKE MARY FL 32746		Date Incorporated or Qualified	
2 Principal DI	ace of Business			05/05/1994	04/21/1995
21		2a. Mailing Address 26		4. FEI Number 59-3237870	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	Suite 1010	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s 199.032, s 🔀 No
	9. Name and Address of Curr	ent Registered Agent	=-	10. Name and Address of New I	Registered Agent
HODW	4711 348114414141		81 Name		
HORWATH, WILLIAM W 465 LAKESHORE DR.		62 Street Add		iress (P.O. Box Number is Not Acceptable)	
	MARY FL 32746		. 83		
Date :	WWII L 02/40		[0]		
			84 City		85 Zip Code
			- -		
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utos the above nemed see	oration submits this statement for the nu	FL 63 Zip Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	02 and 607.1508, Florida Stati orida. Such change was autho ction 607.0505, Florida Statut	utos the above nemed see	oration submits this statement for the pu pard of directors. I hereby accept the app	
familiar wit	h, and accept the obligations of, Se	ction 607.0505, Florida Statuti	utos the above nemed see	oration submits this statement for the pu pard of directors. I hereby accept the app	
familiar wit	h, and accept the obligations of, Se Synature, typed or printed name of registered age	ction 607.0505, Florida Statuti	utes, the above named corporation's books.	ard of directors. Thereby accept the app	rpase of changing its registered office pointment as registered agent. I am
familiar wit SIGNATURE 12.	h, and accept the obligations of, Se Synature, typed or printed name of registered age	ent and the fla; inicable n	utes, the above named corporation's books. NOTE: Registered Agent signature required.	ard of directors. Thereby accept the app	rpose of changing its registered office contrment as registered agent. I am DATE DATE FICERS AND DIRECTORS IN 12
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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 earning that it am an officer or director of the corporation of the corporat