

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055952 (3)

1. Corporation Name

HOPE AND HEALTH REHAB (H & H REHAB) INC.



Principal Place of Business

Mailing Address

~~1532 WHITEHALL DR. #201~~ 1921 ISLAND CIRCLE #201
~~FT. LAUDERDALE FL 33324~~ KISSIMMEE, FL 34741
~~1532 WHITEHALL DR. #201~~ 1921 ISLAND CIRCLE #201
~~FT. LAUDERDALE FL 33324~~ KISSIMMEE, FL 34741

2. Principal Place of Business

21 1921 ISLAND CIRCLE

Suite, Apt. #, etc.

22 201

City & State

23 KISSIMMEE, FL

Zip

24 34741

Country

25 OSCEOLA

2a. Mailing Address

26 1921 ISLAND CIRCLE

Suite, Apt. #, etc.

27 201

City & State

28 KISSIMMEE FL

Zip

29 34741

Country

30 OSCELA

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

07/05/1995

4. FEI Number

65-0510229

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

9. Name and Address of Current Registered Agent

NOORUDDIN, MUHAMMAD S

~~1532 WHITEHALL DR. #201~~ 1921 ISLAND CIRCLE #201
~~FT. LAUDERDALE FL 33324~~ KISSIMMEE, FL 34741

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NOORUDDIN, MUHAMMAD S	
STREET ADDRESS	1532 WHITEHALL DR. #201 1921 ISLAND CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324 KISSIMMEE, FL 34741	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SALAHUDDIN, SYED	
STREET ADDRESS	1532 WHITEHALL DR. #201 1921 ISLAND CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324 KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYED, M. NOORUDDIN

4.12.1996

Date

(407)944-9103

Daytime Phone #

CR2E034 (12/95)