

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:55

DOCUMENT # P94000061327 (0)

1. Corporation Name

TOTAL JOINT REHAB SEMINARS INC.

Principal Place of Business

Mailing Address

~~2000 GLADES RD.
SUITE 400
BOCA RATON FL 33431~~

~~2000 GLADES RD.
SUITE 400
BOCA RATON FL 33431~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report N/A
4. FEI Number 65-0514778	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	

2. Principal Place of Business 21 8410 N.W. 20th Court	2a. Mailing Address 26 P.O. Box 451808
22 City & State Sunrise, Florida	27 City & State Sunrise FLA.
24 Zip 33322	25 Country U.S.A.
29 Zip 33345	30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRAWG CORP.
2000 GLADES RD.
SUITE 400
BOCA RATON FL 33431

81 Name Florence Lee Ravin
82 Street Address (P.O. Box Number is Not Acceptable) 8410 N.W. 20th Court
83
84 City Sunrise
85 Zip Code FL 33322

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

Florence Ravin

Registered Agent

March 22, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY ST ZIP	President/Secretary Florence Lee Ravin 8410 N.W. 20th Court Sunrise, FL 33322	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☐ 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 law 110.037, Florida Statutes. I further certify that the information submitted 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 before me, that I am an officer or director of the corporation or that I am an authorized representative of the corporation to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

Florence Ravin President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1995 (305) 741-7968
Date Telephone Number