

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR 14 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062297

1. Corporation Name

NEUROMUSCULAR REHABILITATION CENTERS, INC.

Principal Place of Business

7171 Coral Way
Miami, FL 33155

Mailing Address

7171 Coral Way
Miami, FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08-22-94

4. FBI Number

Applied For

65-0515767

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

2a. Mailing Address

21 7171 Coral Way
Suite, Apt. #, etc.

26 7171 Coral Way
Suite, Apt. #, etc.

22 315
City & State

27 315
City & State

23 Miami, FL

28 Miami, FL

Zip

Country

24 33155

25 Dade

Zip

Country

29 33155

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, Florida, 32301

81 Name

Antonio Gonzalez

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

7171 Coral Way Ste 315

83

84 City

Miami,

FL

85

Zip Code
33155

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 *Antonio Gonzalez*
Signature, typed or printed name of registered agent, and title if applicable.

Antonio Gonzalez

2/21/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

Director, President

☒ Change ☐ Addition

1.2 NAME

Antonio Gonzalez

1.3 STREET ADDRESS

7171 Coral Way Ste 315

1.4 CITY-ST-ZIP

Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

300001434073

-03/20/95--01058--016

***\$225.00 ***\$225.00

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

3-14

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)(b), Florida Statutes. I further certify 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: *Antonio Gonzalez* Antonio Gonzalez

02-21-95 305-261-1044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name