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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P94000067666 (5)

REHAB & COMPANY, INC.

FILED Mar 07 1996 8:00 am Secretary of State

 	

Principal Place	of Business	Mailing Address				80XII 80XII 9XIII 18818 8XXII 8XXII 9XXII 1881
4400 BAYOU PENSACOLA		4400 BAYOU BLVD PENSACOLA FL 3250	13			
					3. Date Incorporated or Qualified 09/09/1994	3a. Date of Last Report 03/09/1995
2. Principal Pla		2a. Mailing Address			4. FEI Number	Applied For
	AYBRIDGE DRIVE	26 77 BAYBR	1DGE	DRIVE	59-3268454	Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
Oity & State		27 Ch. 9 Ch. 1				Fee Required
	BREEZE, FL	City & State 28 GULF BREEZE, FL		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Coun		Trust Fund Contribution	Added to Fees
24 3256		29 32561		USA	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curren		1301	<u> </u>	10. Name and Address of New Re	
		· ····· · · · · · · · · · · · · · · ·		31 Name	TO, THE OTHER PROPERTY.	gistered Agont
TRIPI ET	T, GENE T		L			
	YOU BLVD		'		ess (P.O. Box Number is Not Acceptable BAYBRIDGE DRIVE	9)
	OLA FL 32503		la la	33	MIBRIDGE DRIVE	
LITOAU	OLA 1 E 32303					
			1	Gity		FL 85 Zip Code 32561
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the show	a narried corpor	LF BREEZE ation submits this statement for the purp	ass of share in the society and off
Or registere	o agent, or both, in the State of Florig	ra. Such change was authoriz	ed by the co	rporation's boar	rd of directors. Thereby accept the appo	intment as registered agent. I am
	n, and accept the obligations of, Secti-	on 607.0505, Florida Statutes	S.			
SIGNATURE	Signature, typed or printed name of registered agent.	and leterational able (Na	Σε Ωιου tuoud A	gent agnation to pina	4 17	[)ATF
12.	OFFICERS AND		13.	strik agricini i te tako	ADDITIONS/CHANGES TO OFFICE	
TiTLE	S	☐ DELETE	1 1 111	F T	ADDITIONS OF ANGLO TO OFFIC	Change Addition
NAME	STEWART, SHARON		1.2 NAN	IF.		Z orango
STREET ADDRESS	4400 BAYOU BLVD. SUITE 4	9R			77 BAYBRIDGE DRIV	TE
CITY - ST - ZIP	PENSACOLA FL	••			•	32561
TITLE	Р	☐ DELETE	2 1 111		OCDI BREEZE, IL	Change Addition
NAME	TRIPLETT, GENE		2.2 NAN	15		
STHEET ADDRESS 4400 BAYOU BLVD SUITE 498				77 BAYBRIDGE DRIV	E	
CITY-S1-ZIP	PENSACOLA FL	•				32561
TITLE		DELETE	3 11 0	——————————————————————————————————————	9021 21122/ 12	Change Addition
NAM:			3.2 NAA	ĺ		
STREET ADDRESS				EFT ADDRESS		
C/TY-ST-7/P				SI ZIF		
TITLE		DELETE	4 1 111		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAN	1		
STREET ADDRESS				ET ADDRESS		1
CITY-SI-ZIP				ST-ZIF		1
TITLE		DELETE	5 1 TIT:			Change Addition
NAME			5.2 NAM			
S'REET ADORESS				ET ADDRESS		
CITY-S1-ZIP				- ST - ZIP		1
TITLE		DELETE	6 1 TITL		* · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAM			
STREET ADDRESS				EL ADDRESS		
CITY - ST-ZIP				- ST - Zift		İ
	certify that the information supplied w	oth this filing is voluntarily furn	ished and d	pes not qualify fo	or the exemption stated in Section 119.0	7(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 13 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

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