

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000076561 (7)

1. Corporation Name

CENTENNIAL REHABILITATION, INC.



Principal Place of Business

121 KIRKLAND STREET
PALATKA FL 32177

Mailing Address

121 KIRKLAND STREET
PALATKA FL 32177

2. Principal Place of Business

21 1016 ST JOHNS AVE

Suite, Apt. #, etc.

22 PALATKA, FL 32177

City & State

23 PUTNAM CTY.

Zip

24 32177

Country

25 USA

2a. Mailing Address

26 1016 ST JOHNS AVE

Suite, Apt. #, etc.

27 PALATKA, FL

City & State

28 PUTNAM CTY.

Zip

29 32177

Country

30 USA

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3276233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

RICKS, JEAN A
121 KIRKLAND STREET
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

JEAN A RICKS

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

1016 ST JOHNS AVE

83

PALATKA

84 City

FL

85

Zip Code

32177

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

Jean A. Ricks

(NOTE: Registered Agent signature required when reinstating)

15 April 96

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME RICKS, JEAN A
STREET ADDRESS 121 KIRKLAND STREET
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Jean A. Ricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 April 96

Daytime Phone #

CR2E034 (12/95)