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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076561 (7)

CENTENNIAL REHABILITATION, INC.

Principal Place of Business Mailing Address 1016 ST. JOHNS AVENUE 1016 ST. JOHNS AVENUE PALATKA FL 32177 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1994 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 120 ROBERTS LANE P.O. BOX 59-3276233 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ΠNο 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent RICKS, JEAN EANRICKS 1016 ST. JOHNS AVENUE ess (P.O. Box Number is Not Acceptable) 82 PALATKA FL 32177 84 Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familian with, and accept the obligations of, Section 607.0505, Florida Statutes. 18 April 98 SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE UEAN A PICKS TITLE 11 TITLE RICKS, JEAN A 12 NAME NAME RT 1 BOX 2660 (SAME) 13 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 14 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAM6 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY- \$1-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 altachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - 7/P

5.1 THILE

5.2 NAME

6 1 1HLF

6.2 NAME

DELETE

CIGNATURE XANA Richa

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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NAME STREET ADDRESS

TITLE

NAME

18 April 98 312-0080

Change

Change

Addition

Addition

FILED

Apr 23 1998 8:00am

Secretary of State