

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90042 032 \*\*\*150.00

DOCUMENT # P94000085398

1: Corporation Name

REGIONAL REHABILITATION SERVICES, P.A.



Principal Place of Business

34653 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL

Mailing Address

34653 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

4. FEI Number

59-3283075

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 33920 US 19 North

2a. Mailing Address

26 33920 US 19 North

Suite, Apt. #, etc.

22 131

Suite, Apt. #, etc.

27 131

City & State

23 Palm Harbor FL

City & State

28 Palm Harbor FL

Zip

24 34684

Country

25 Pinellas

Zip

29 34684

Country

30 Pinellas

9. Name and Address of Current Registered Agent

KLIMIS, GEORGE N  
30 NORTH AVENUE SUITE 400  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

JOHN M. SAVELLARIDES, ESQ.

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

2595 TAMPA ROAD Suite J

83

84 City Palm Harbor

TARPON SPRINGS

FL

85 Zip Code

34684

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

*John Klimis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE SDVT ☐ DELETE  
NAME CORRIS, ROBERT  
STREET ADDRESS 6240 BAYSIDE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL

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 hereby 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 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, with all other like empowered.

SIGNATURE:

*Robert Corris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99 727-781-3530  
Date Daytime Phone #

CR2F034 (11/98)