

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000085633 (3)**

1. Corporation Name
MED-BAY REHAB, INC.



Principal Place of Business

**2320 W. MARTIN LUTHER KING BLVD. JR.
TAMPA FL 33607
US**

Mailing Address

**2320 W. MARTIN LUTHER KING BLVD. JR.
TAMPA FL 33607
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
11/22/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3280718

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHRISTIAN, PAUL
8639 N. HIMES AVE., UNIT 2019
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 obligation of, Section 607.0904, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2.1 NAME
3. STREET ADDRESS	3.1 STREET ADDRESS
4. CITY, ST, ZIP	4.1 CITY, ST, ZIP
5. TITLE	5.1 TITLE ☒ Change ☐ Addition
6. NAME	6.1 NAME
7. STREET ADDRESS	7.1 STREET ADDRESS
8. CITY, ST, ZIP	8.1 CITY, ST, ZIP
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10.1 NAME
11. STREET ADDRESS	11.1 STREET ADDRESS
12. CITY, ST, ZIP	12.1 CITY, ST, ZIP
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14.1 NAME
15. STREET ADDRESS	15.1 STREET ADDRESS
16. CITY, ST, ZIP	16.1 CITY, ST, ZIP
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18.1 NAME
19. STREET ADDRESS	19.1 STREET ADDRESS
20. CITY, ST, ZIP	20.1 CITY, ST, ZIP
21. TITLE	21.1 TITLE ☐ Change ☐ Addition
22. NAME	22.1 NAME
23. STREET ADDRESS	23.1 STREET ADDRESS
24. CITY, ST, ZIP	24.1 CITY, ST, ZIP
25. TITLE	25.1 TITLE ☐ Change ☐ Addition
26. NAME	26.1 NAME
27. STREET ADDRESS	27.1 STREET ADDRESS
28. CITY, ST, ZIP	28.1 CITY, ST, ZIP
29. TITLE	29.1 TITLE ☐ Change ☐ Addition
30. NAME	30.1 NAME
31. STREET ADDRESS	31.1 STREET ADDRESS
32. CITY, ST, ZIP	32.1 CITY, ST, ZIP
33. TITLE	33.1 TITLE ☐ Change ☐ Addition
34. NAME	34.1 NAME
35. STREET ADDRESS	35.1 STREET ADDRESS
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52. CITY, ST, ZIP	52.1 CITY, ST, ZIP
53. TITLE	53.1 TITLE ☐ Change ☐ Addition
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56. CITY, ST, ZIP	56.1 CITY, ST, ZIP
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58. NAME	58.1 NAME
59. STREET ADDRESS	59.1 STREET ADDRESS
60. CITY, ST, ZIP	60.1 CITY, ST, ZIP
61. TITLE	61.1 TITLE ☐ Change ☐ Addition
62. NAME	62.1 NAME
63. STREET ADDRESS	63.1 STREET ADDRESS
64. CITY, ST, ZIP	64.1 CITY, ST, ZIP
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72. CITY, ST, ZIP	72.1 CITY, ST, ZIP
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74. NAME	74.1 NAME
75. STREET ADDRESS	75.1 STREET ADDRESS
76. CITY, ST, ZIP	76.1 CITY, ST, ZIP
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78. NAME	78.1 NAME
79. STREET ADDRESS	79.1 STREET ADDRESS
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81. TITLE	81.1 TITLE ☐ Change ☐ Addition
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83. STREET ADDRESS	83.1 STREET ADDRESS
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85. TITLE	85.1 TITLE ☐ Change ☐ Addition
86. NAME	86.1 NAME
87. STREET ADDRESS	87.1 STREET ADDRESS
88. CITY, ST, ZIP	88.1 CITY, ST, ZIP
89. TITLE	89.1 TITLE ☐ Change ☐ Addition
90. NAME	90.1 NAME
91. STREET ADDRESS	91.1 STREET ADDRESS
92. CITY, ST, ZIP	92.1 CITY, ST, ZIP
93. TITLE	93.1 TITLE ☐ Change ☐ Addition
94. NAME	94.1 NAME
95. STREET ADDRESS	95.1 STREET ADDRESS
96. CITY, ST, ZIP	96.1 CITY, ST, ZIP
97. TITLE	97.1 TITLE ☐ Change ☐ Addition
98. NAME	98.1 NAME
99. STREET ADDRESS	99.1 STREET ADDRESS
100. CITY, ST, ZIP	100.1 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information included on this 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, the reporter or trustee or 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 a subsequent filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95 (813) 879-6200

CR2E034 (12/95)