

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 04 1998 8:00am  
Secretary of State

DOCUMENT # P94000088279 (2)

1. Corporation Name  
QA REHABILITATION, INC.



Principal Place of Business

Mailing Address

3900 N.W. 79TH AVE  
STE 100  
MIAMI FL 33166

1302 GINGER CIRCLE  
FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1302 GINGER CIRCLE

26 Suite, Apt. #, etc.

22 City & State  
23 Ft. LAUDERDALE FL

27 City & State

24 Zip 33326

28 Zip

25 Country

29 Country

30

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

65-0543256

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GLAUSER, STUART H  
12910 S.W. 84TH STREET  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

ELIOT KESSLER

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

TOPPERS KESSLER COMPANY  
4020 SACRAMENTO ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code  
33021

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/98

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MARKS, CRAIG L  
1302 GINGER CIRCLE  
FT. LAUDERDALE FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
MARKS, LAUREN  
1302 GINGER CIRCLE  
FT. LAUDERDALE FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
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.

SIGNATURE

Lauren Marks

1/30/98

(305) 343-8084

CR2E034 (1097)