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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089621 (4)

1. Corporation Name

ENVIRONMENTAL REHAB SERVICES, INC.



Principal Place of Business

11621 VENETIAN AVENUE
BOCA RATON FL 33428

Mailing Address

11621 VENETIAN AVENUE
BOCA RATON FL 33428

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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30

9. Name and Address of Current Registered Agent

VITALE, THOMAS V JR.
11621 VENETIAN AVE.
BOCA RATON FL 33428

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 607.0502 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 filer (applicable)

(NOTE: Registered Agent Signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME VITALE, THOMAS V JR.
STREET ADDRESS 11562 ROYAL PALM BLVD.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DVT
NAME VITALE, JAMES C
STREET ADDRESS 11621 VENETIAN AVENUE
CITY-ST-ZIP BOCA RATON FL

TITLE S
NAME VITALE, MARLENE P.
STREET ADDRESS 11621 VENETIAN AVE.
CITY-ST-ZIP BOCA RATON FL

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 DP XX Change ☐ Addition
1.2 NAME Vitale, Thomas V. Jr.
1.3 STREET ADDRESS 11621 Venetian Avenue
1.4 CITY-ST-ZIP Boca Raton, FL

2.1 TITLE Chief Executive Officer/d/t/ XX Change ☐ Addition
2.2 NAME JAMES C. Vitale
2.3 STREET ADDRESS same
2.4 CITY-ST-ZIP

3.1 TITLE d/s XX Change ☐ Addition
3.2 NAME Vitale Marlene P.
3.3 STREET ADDRESS same
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:

Marlene P. Vitale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 407-482-0185
DATE Daytime Phone #

CR2E034 (12/95)