

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

98 JAN -8 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1994

4. FEI Number

65-0540288

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

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

James C. Vitale

82

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

11621 Venetian Avenue

83

84

City

Boca Raton

FL

85 Zip Code

33428

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

James C. Vitale
Signature, typed or printed name of registered agent and title if applicable.

JAMES C VITALE

(NOTE: Registered Agent signature required when reinstating)

DATE **01/05/98**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **VITALE, THOMAS V. JR.**
STREET ADDRESS **11621 VENETIAN AVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DPT** ☐ DELETE

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

TITLE **DVPS** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**PTDC
James C. Vitale
11621 Venetian Avenue
Boca Raton, FL 33428**

**DVPS
Marlene P. Vitale
11621 Venetian Avenue
Boca Raton, FL**

3000002398583--8

-01/13/98--01078--013

******150.00 ****150.00**

SL, -8-98

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:

Marlene P. Vitale

Marlene P. VITALE (561) 482-0185

CR2E034 (10/97)