

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-2-96

B-0679

C

DOCUMENT # P95000004857 (5)

1. Corporation Name

ONE ON ONE REHABILITATION, INC.



Principal Place of Business

475 VAN BUER ST.  
FORT MYERS FL 33916

Mailing Address

475 VAN BUER ST.  
FORT MYERS FL 33916

3. Date Incorporated or Qualified  
01/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 475 VAN BUER ST

2a. Mailing Address

26 P O Box 61046

4. FEI Number

65-0550367

Applied For

Not Applicable

22 Sub: Apt. #, etc

27 Sub: Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

FT MYERS FL

28 City & State

FT MYERS FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

33916

Country

LEE

29 Zip

33906

Country

LEE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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 of person making change on page 1 and the date of change

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WALKER, WAYNE P

STREET ADDRESS 475 VAN BUER ST.

CITY-STATE-ZIP FORT MYERS FL 33916

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WALKER, WAYNE P

1.3 STREET ADDRESS P O Box 61046

1.4 CITY-STATE-ZIP FT MYERS FL 33906

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Wayne Walker, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Walker

1-29-96

(941) 433-1314

Daytime Phone

CR2E034 (12/95)