

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005563 (8)

1. Corporation Name

CENTER FOR AMBULATORY REHABILITATION & REEDUCATION, INC.



Principal Place of Business

188 DUBLIN DRIVE
LAKE MARY FL 32746

Mailing Address

188 DUBLIN DRIVE
LAKE MARY FL 32746

3. Date Incorporated or Qualified
01/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 2487 S. VOLUSIA AVE.

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 ORANGE CITY FL

Zip

24 32743

Country

25 US

2a. Mailing Address

26 2487 S. VOLUSIA AVE.

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 ORANGE CITY FL

Zip

29 32743

Country

30 US

4. FEI Number

59-3291143

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

LOE, BRIAN R
188 DUBLIN DRIVE
LAKE MARY FL 32746

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 607.0602 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

12. OFFICERS AND DIRECTORS

TITLE D
NAME TYO, JOHN DAVID
STREET ADDRESS 4035 W. BRECKENRIDGE COURT
CITY-ST-ZIP BEVERLY HILLS FL 34465

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO
1.2 NAME TYO, JOHN DAVID
1.3 STREET ADDRESS 4035 W. BRECKENRIDGE COURT
1.4 CITY-ST-ZIP BEVERLY HILLS NY 13108

2.1 TITLE PRESIDENT
2.2 NAME ROZENDAL, PETER
2.3 STREET ADDRESS 188 DUBLIN DR
2.4 CITY-ST-ZIP LAKE MARY FL 32746

3.1 TITLE VICE PRESIDENT
3.2 NAME HARRINGTON, SHEILA
3.3 STREET ADDRESS 704 WINTER ST.
3.4 CITY-ST-ZIP SYRACUSE NY 13203

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 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:

SHEILA HARRINGTON
VICE PRESIDENT

Date

4-24-96

Daytime Phone #

315-488-2559

CR2E034 (12/95)