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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005563 (8)

CENTER FOR AMBULATORY REHABILITATION & REEDUCATION, INC.

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Principal Place	e of Business	Mailing Address		s sontide use tares divis sessi datis o	Milit Mester maters betal milita sother siter timer
2487 S VOLUSIA AVE STE 105 ORANGE CITY FL 32763 US		2467 S VOLUSIA AVE STE 105 ORANGE CITY FL 32763-7607 US			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				01/18/1995	05/01/1996
·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
I)	A ala	Suite, Apt. #, etc.		59-3291143	Not Applicab
ି Suite, Apt. ଧି	#, eig	27 Saite, Apr. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Z ₁ p	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New I	Registered Agent
LOE	, Brian r		81 Name	L	
188	DUBLIN DRIVE		82 Street Ad	Idress (P.O. Box Number is Not Accept	iable)
LAKE	E MARY FL 32746			ddress (P.O. Box Number is Not Accept	coull
			83		
			84 City	V A A A	85 Zip Code
			- $ -$	proporation submits this statement for the	FL 32713
IGNATURE	Signature, type disk pound name of registered a				
			Registered Agent signature red		DATE FICERS AND DIRECTORS IN 12
2.	OFFICERS A	opent and title if applicable. (NOTE ND DIRECTORS DELETE			
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SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR Day.

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