

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90256 016 ***150.00

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1. Entity Name

REHAB PATHWAYS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

4920 VICEROY CT
SUITE 101
CAPE CORAL FL 33904

Mailing Address

P O BOX 150969
CAPE CORAL FL 33915

2. Principal Place of Business

Suite, Apt. #, etc.
B/C

City & State
Cape Coral, Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33904

Country

USA

Zip

Country

4. FEI Number

65-0559547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

PERKINS, DANIEL W
1828 CORAL CIRCLE
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Daniel W. Perkins
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PERKINS, DANIEL W
STREET ADDRESS 1828 CORAL CIRCLE
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE STD ☐ Delete
NAME PERKINS, JACQUELINE
STREET ADDRESS 1828 CORAL CIRCLE
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel W. Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/05 238-540-7900