

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 # P95000013849 (1)

1. Corporation Name

FIRST CHOICE REHABILITATION SERVICES OF FLORIDA,  
INCORPORATED



Principal Place of Business

1705 SO. ADAMS STREET  
TALLAHASSEE FL 32301

Mailing Address

1705 SO. ADAMS STREET  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
02/17/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3312262

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

HAYNES, THOMAS J  
1705 SO. ADAMS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Cheryl D. Haynes

82 Street Address (P.O. Box Number Not Acceptable)  
1705 S. Adams St. Suite C

83

84 City Tallahassee

FL

85 Zip Code 32301

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 Cheryl D. Haynes

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE  
NAME Mildred P. Brickler  
STREET ADDRESS 1000 Brandt Drive  
CITY-ST-ZIP Tallahassee, FL 32308

1.1 TITLE P/T ☐ Change ☒ Addition  
1.2 NAME Mildred P. Brickler  
1.3 STREET ADDRESS 1000 Brandt Dr.  
1.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE Vice-President ☐ DELETE  
NAME Cheryl D. Haynes  
STREET ADDRESS 601 Farnceee St.  
CITY-ST-ZIP Tallahassee, FL 32310

2.1 TITLE V/S ☐ Change ☒ Addition  
2.2 NAME Cheryl D. Haynes  
2.3 STREET ADDRESS 601 Farnceee St.  
2.4 CITY-ST-ZIP Tallahassee, FL 32310

TITLE Secretary ☐ DELETE  
NAME Cheryl D. Haynes  
STREET ADDRESS 601 Farnceee St.  
CITY-ST-ZIP Tallahassee, FL 32310

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE  
NAME Mildred P. Brickler  
STREET ADDRESS 1000 Brandt Dr.  
CITY-ST-ZIP Tallahassee, FL 32308

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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: Cheryl D. Haynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(904) 222-6900

CR2E034 (12/95)