

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32301-5406



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/17/1995

3a. Date of Last Report

04/17/1996

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, CHERYL D.  
1705 S ADAMS ST, STE C  
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

*Cheryl D. Haynes*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME BRICKLER, MILDRED P  
STREET ADDRESS 1000 BRANDT DR  
CITY- ST- ZIP TALLAHASSEE FL 32308

TITLE VS ☐ DELETE  
NAME HAYNES, CHERYL D.  
STREET ADDRESS 601 FANCEE ST  
CITY- ST- ZIP TALLAHASSEE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE VS ☐ Change ☐ Addition  
2.2 NAME HAYNES, CHERYL D.  
2.3 STREET ADDRESS 207 YOUNG ST  
2.4 CITY- ST- ZIP TALLAHASSEE, FL 32301

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/25/97  
Date

(904) 222-6900  
Daytime Phone #

004568

CR2ED34 (9/96)