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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90060 016 ***150.00

DOCUMENT # P95000013849

1. Corporation Name

FIRST CHOICE REHABILITATION SERVICES OF FLORIDA,

INCORP	OHATED				,				
Principal Place	of Business	Mailing Address				#11##1 10# 1#1# #11# ##################)II 86 11; 68 13;		1 81810 1611 1881
2110 S ADAMS STREET		2110 S ADAMS ST							
D		SUITE D			DO NOT WRITE IN THIS SPACE				
TALLAHASSEE I US	FL 32301	TALLAHASSEE FL 32301 US			3 Date Inc	corporated or Qualifed		OFFICE	
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2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Num	_		A	pplied For
21		26			59-33°	122 6 2		Ne	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5 Certificat	te of Status Desired			Additional
22		27			J. Certical	le Oi Otatos Desireo			equired
City & State	•	City & State				Campaign Financing		• -	May Be
23		28				ind Contribution			to Fees
Zip	Country	Zip	Country	У		poration owes the curre	ent year inta	angible Yes	□No
24	25]	29	30			i Property Tax. Ind Address of New R	Registered .		
	9. Name and Address of Curi	tell redistaten Affair	81	Name		•	- B		
HAYI	NES, CHERYL D.]	Haynes, Cl	neryl D.			
	S ADAMS ST, STE C		82	Street A	ddress (P.O. Box I	Number is Not Accepta	able)		
	AHASSEE FL 32301		83		<u>u_S. Adai</u>	ns St, Sui	LE_D_		
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			84		labaggaa		FL		Code 3 0 1
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office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ite of Florida. Such change was	authorized by	/e-named o	corporation submits ration's board of di	this statement for the prectors. I hereby accep	t the appoi	ntment as re	egistered
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14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)