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

PROFIT CORPORATION **ANNUAL REPORT** 

1997



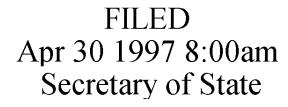
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026299 (4)

MULBERRY REHABILITATION & FINANCIAL CONSULTING,





Principal Place of Business Mailing Address					***************************************		<b>                                    </b>		i iusi iusi
1007 NORTH C MULBERRY FL	HURCH STREET 33960		1007 NORTH CHURCH STREET MULBERRY FL 33860-2039						
						3. Date Incorporated or Qualified 03/30/1995	3a. Date 03/20/		ieporl
	Place of Business	2s. Mailing	Address			4. FEI Number		Ar	optied For
21	H	26				59-3307700		:	ot Applicable
Suite, Apt.	. #, Otc.	}a	pt. #, etc.			5. Certificate of Status Desired			Additional
City & Stat	te	[27]   City & S	talo.						equired
23		28	iaic			Election Campaign Financing     Trust Fund Contribution	П	\$5.00	May Be to Fees
Zip	Country	Zip	T	Country		8. This corporation has liability for			
24	25	29	3	30			Yes 1		. 199.032,
	9. Name and Address of Cur		ent			10. Name and Address of New Re			
HAU	BNER, DOROTHY B		74.4	81	Name	****			
1007 NORTH CHURCH STREET				82	Stront Adv	ddress (P.O. Box Number is Not Acceptable)			
MUL	BERRY FL 33860				Sireet Address (r.o. box Noniber is 190t Acceptable)				
				83					
				84	City		Т	nel Zini	Code
				"	Only		FL I	85 Zip (	Code
office or i	to the provisions of Sections 607. registered agont, or both, in the Si am familiar with, and accept the ob	tale of Florida, Such i	change was au	ilhorized by	the comora	rporation submits this statement for the patients board of directors. I hereby acceptions	ourpose of ch pt the appoin	anging it Iment as	s registered registered
SIGNATURE	Signature, typed or printed name of registeres								
12.		AND DIRECTORS	(MO)II.	13.	ac signature neq	uired when recistating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND D	IRECTOR	25 INI 22
TITLE	D	and water a second of the contract of the cont	DELETE	1.1 TITLE	7	PSITIC		Change	Addition
NAME	HAUBNER, DOROTHY B			1.2 NAME	"	737773			
STREET ADDRESS	2632 HANDLEY BLVD.			1.3 STREET	ADORESS				
CITY-ST-ZIP	LAKELAND FL 33803			1.4 CHY-S					
TITLE			DELETE	2 1 THLE		10		Change	Addition
NAME				2.2 NAME	1	a Roy Doyle			
STREET ADDRESS				23 STREET	ADDRESS 4	a Roy Doyle 360 CRIBKWOOD LN			
CITY-ST-ZIP				2 4 6 HY-5	SI-ZIP	WLAERRY FL 3380	.0		
TITLE			DELETE	3.1 111(1		7		Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY - 9	31 - 7IP			<b>.</b>	************
TITLE		L	Detene	4.1 TILLE				Change	Add-tion
NAME				4. 2 NAME					
STREET ADDRESS				4.9 STREET					
CITY-ST-ZIP			Thurse	4.4 CITY - S	1 - 71P			0	4.155
TITLE		L	_ DOLETE	5.1 TILLE			L	] Change	Addition
NAME STOCKY ADDRESS				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP TITLE			DELETE	5.4 CHY - S 6.1 THE	1 · ZII'		· · · · · ·	Charige	Addition
NAME		Ĺ		6.2 NAME			لـا	unange	Monting Vision
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S	1				
3111 - Q1 - £11	l			0.9 0111 - \$	r- zir				

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.

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Marlas