FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUÄL REPORT



FLORICIA DEPARTMENT OF STATE Sandra B. Morthagi

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000026890 (0) **DOCUMENT #**

REHAB PROVIDERS, INC.

CORAL GABLES FL 33146

Principal Place of Business Mailing Address

10240 COLLINS AVE. SUITE 102 **BAL HARBOUR FL 33154**

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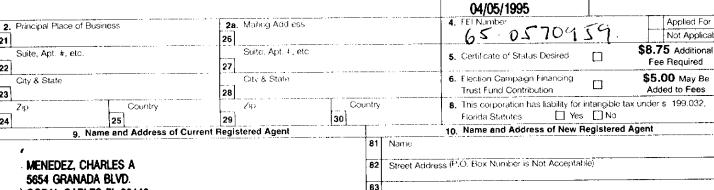
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 $Z_{\rm ID}$

10240 COLLINS AVE. SHITE 102

BAL HARBOUR FL 33154



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

City

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	DELETE	1 1 TITLE		☐ Change	Addition
NAME	MARQUEZ, WILLIAM J		1.2 NAME			
STREET ADDRESS	10240 COLLINS AVE. SUITE 102		1.3 STREET ADDRESS			
CITY-ST-ZIP	BAL HARBOUR FL 33154		1.4 CHY+ST-ZIF			
TiTLE	TD	DELETE	2.1 THEF	والمستوارين والمستوارين والمستوارين والمتوارين	Change	Addition
NAME	MENENDEZ, CHARLES A		2.2 NAME	10000177; -04/12/360108	3 75 3	
STREET ADDRESS	5654 GRANADA BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIF	CORAL GABLES FL 33146		2.4 CITY - ST - ZIP	***200.00		
TITLE		DELETE	. 3 1 EUCE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY - ST - ZIP			3 4 CHY STEZHY			
TITLE		☐ DLLETE	4 1 TIFLE	***206.00	☐ Change	☐ Addition
NAME			4 2 NAME	*****E00**00		
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		DEFETE	5 1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY - ST - ZIP			- Addition
TITLE		DELETE	6 ! TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OF TIP	1		6.4 CiTy - \$1, 7IP			

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 acquair report or supplier iental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name with an address appears in Block 12 or Block 13 if changed

SIGNATURE:

WE OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYP

3a. Date of Last Report

Applied For

Fee Required

Zip Code

85

Not Applicable

3. Date Incorporated or Qualified

CR2E034 (12/95)