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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

P95000035709 (1)

REGENCY REHAB INC.

8049 ARLINGTON EXPRESSWAY S-1 JACKSONVILLE FL 32211

Mailing Address

8049 ARLINGTON EXPRESSWAY S-1 JACKSONVILLE FL 32211



3a. Date of Last Report

3. Date Incorporated or Qualified

				04/27/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	1	Applied For
21		26		59.331414	8	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27		3. Certificate of Status Desired	LJ Fee	Required
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be
23		28		Trust Fund Contribution		ed to Fees
Žip	Country	Zip	Gouptry //	8. This corporation has liability for in	ntangible tax under	s 199.032,
24	25 DuVal	29	30 De Val	Florida Statutes		
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	egistered Agent	
MCKINNON, JON S 82 8049 ARLINGTON EXPRESSWAY S-1 JACKSONVILLE FL 32211				Street Address (P.O. Box Number is Not Acceptable) 83		
			84 City		FL 65 1	zib Code
or registere familiar with	d agent, or both, in the State of Floric i, and accept the obligations of, Section Sec	tu: Such change was authoriz on 607.0505, Florida Statutes	ed by the corporation's boar	ation submits this statement for the purport of directors. I hereby accept the apport	pose of changing its intraerit as registers	ed agent Lani
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1 1 HTuE		☐ Change	Addition
NAME	MCKINNON, JON S		1.2 NAME			
STREET ADDRESS	1169 LEE RD		LISSIBELL ADDRESS			
CITY+ST-7IP	JACKSONVILLE FL 32225		J14 C++-S1-7/P			
TITLE	D	☐ DELETE	2.3 TITLE		Change	. 🔲 Addition
NAME	ROBBINS, JIMMY R		z 2 NAME			
STREET ADDRESS	8621 ROCKLAND DR		3 STREET ADDRESS			
City-St-2iP	JACKSONVILLE FL 32221		4 CITY ST-ZIP			
TITLE	DAONOOHVILLE IL GEEE	DELETE	1 TITLE		Change	Addition
NAME		E.M.	2 NAME		- .	_
1			STREET ADDRESS			
STREET ADDRESS			1 CUTY - ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	111116		[] Change	Addition
		L bereit	NAM!			
NAME			STREET ADDRESS			
STREET ADDRESS						
CH1A - 21 - 215		[] DELETE	50 r 5 [-2IP		Change	Addition
TITLE					Onling.	
NAMÉ			AAM!			
STREET ADDRESS			I STREET ADDRESS			
CITY - ST - ZIP		() Far a f f f	4 Crity St-ZiF		F-1 0k	Adding
TITLE		DELETE	1 1011		☐ Change	e 🔲 Addition
NAME			Z NAM)			
STREET ADDRESS			13 STREET ADDRESS			
CITY - ST - ZIP			ë 4 Cify - St - ZiP			
		with this files we welcolosily for	nishall and doos not qualify for	or the execution stated in Section 110 (07/21/W Elocido Ctot	uton I further

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 endowered 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

GNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Dayting Shore F.

SIGNATURE: