

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038503 (5)

1. Corporation Name

R.R. REHABILITATION SERVICES, INC.

Principal Place of Business

4711 WEST WATERS AVE.
SUITE 236
TAMPA FL 33614

Mailing Address

P O BOX 15818
TAMPA FL 33614

FILED

97 AUG 11 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1995 3a. Date of Last Report 10/03/1996

4. FEI Number 59-3318828 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 4711 West Waters Ave. 2a. Mailing Address 26 P.O. Box 15818

Suite, Apt. #, etc. 22 #106 Suite, Apt. #, etc. 27

City & State 23 Tampa, Florida 28 Tampa, Florida

Zip 24 33614 Country 25 Hillsborough 29 33684-5818 30 Hillsborough

9. Name and Address of Current Registered Agent

RUCHOTZKE, RICK
4711 WEST WATERS AVE.
SUITE 236
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name Ruchotzke, Rick
82 Street Address (P.O. Box Number is Not Acceptable) 4711 West Waters Ave.
83 Suite 106
84 City Tampa FL 85 Zip Code 33614

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

Rick Ruchotzke, Rick Ruchotzke/President

8/7/97

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D RUCHOTZKE, RICK
NAME
STREET ADDRESS 4711 WEST WATERS AVE. SUITE 236
CITY-ST-ZIP TAMPA FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

R. Ruchotzke, Rick Ruchotzke/President

8/7/97

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Florida Department of State
Division of Corporations
Attention: Annual Report Department #6327
Tallahassee, Florida 32314

NOTE: I did not receive the first report. Per my conversation with your department I am enclosing my report and my check for \$165.00.

Sincerely,



Rick Ruchotzke, B.A., C.D.M.S., C.C.M.
President of R. R. Rehabilitation Services, Inc.