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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054732 (9)

SCANDIC REHAB, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				AREAL BOST BART SAND	
1151 VERNON PLACE MARCO ISLAND FL 33937		1151 VERNON PLACE MARCO ISLAND FL 34145-2001					
MARUU IƏLANI) FL 33937	MANOU ISLAMU FL S	THE TOTAL	·	3. Date Incorporated or Qualified 07/13/1995	3a. Date of Le	•
2. Principal F	face of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For
1		26		58-2188441		Not Applicabl	
Suite, Apt.	#, etc	Suite, Apt. #, etc) ,		5. Certificate of Status Desired		75 Additional se Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5	.00 May Be
:3		28			Trust Fund Contribution		ided to Fees
Zip	Country	Zφ	⊢ ¬	untry	8. This corporation has liability for		der s. 199.032,
4	25	29	30	· y · · · · · · · · · · · · · · · · · ·		Yes X No	
	9. Name and Address of Cu	irrent Registered Agent	····	1	10. Name and Address of New Re	gistered Agent	
WEE	ster, ronald s			81 Name			
985			B2 Street	Address (P.O. Box Number is Not Acceptate	ole)		
MAR	ICO ISLAND FL 33937				·		
				63			
				84 City		85	Zip Code
					•		•
SIGNATURE	Signature, typical or portled name of registers	ed agent and title if applicable.	(NOTE: Register		e required when reinstating) ADDITIONIS/CHANGES TO DESIG	DATE	CTORS IN 12
SIGNATURE	Styration, typod or printed name of registers OFFICE RS	ed agent and title it applicable. S AND DIRECTORS	(NOTE: Registere		e required when reinstalling) ADDITIONS/CHANGES TO OFFICE	DERS AND DIREC	
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4. 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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 armitiaghment with an address.

SIGNATURE

Charles Hest Palen Holles OF BONNE OFFICER OR DIRECTOR

Dayt

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