FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000057611 (2)

DOCUMENT #

RIVERSIDE REHABILITATION, INC.

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Principal Place of Busine			ailing Address			
\$497,NW,587H WAY			6437.NW.58TH.WAY	.		
**************************************	590 Riverside Coral Springs, 33071		PARKLAND FL 33067 FL	PO Box 77-04 Coral Spring 33077-0490		ings, FL
2. Principal Place of Bu	siness	2a.	Mailing Address			4. FEI Number Applied For
21		26				59-3345411 Not Applicable
Suite, Apt. #, etc 22 Crity & State 23		T	City & State			5. Certificate of Status Desired See Required
		27				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	1231		Countr	y	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30		Florida Statutes Yes No
9. Na	me and Address of Curre	nt Regis	tered Agent		a	10. Name and Address of New Registered Agent
				8		
LUDWIG, ALV				8	2 Street A	Address (P.O. Box Number is Not Acceptable)
6437 NW 58TI				8:	3	
Parkland Fl	. 3306/					
				8	4 City	FL 85 Zip Code
SIGNATURE Signature :	yord or printed have, of registers had OFFICERS A		CTORS	PE Repoter of A _c	end Styliative in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ministrator		DELETE	1.1 HIL	· · · · · /	Change 🔲 Adoltich
NAME (+		/ Pre	esident	1.2 NAM		
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CHII OLITH	Riverside D al Springs,		: [] DELETE	2 1 T IL		Charge Addition
į	ar Springs,	τυ	Ljordit	2.2 NAM	1	
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CITY - ST - ZIP				2.4 CITY		
TITLE			DELETE	3 1 TIT.	F.	Change Addition
NAME				3.2 NAM	•	
STREET ADDRESS					eet address !	
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CITY - S1 - ZiP					- \$1 - 71P	
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NAME				5.2 NAM		-07/03/9601021042
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NAME STREET ADDRESS					ET ADDRESS	7 .2 2
CITY - ST - ZIP					-SI-7P	0-1-02-41
14 Lab baraby cortify	that the information supplier	d with the	s filmous voluntarily fun			alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

Loo hereoy certry that the information supplied with this hing is voluntarily turnished and does not quality for the exemption stated in Section 1.19.07(3)(k), Florida Statutes 1.10 further certify that the information indicated on this annual report or supplemental must 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 arkitress

SIGNATURE: A WANTED OF POINTS OF SIGNING OFFICER OR DIRECTOR

Alva Ludwig 954 - 796 - 8705