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PROFIT CORPORATION ANNUAL REPORT



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

1996

WEST COAST REHAB, INC. Principal Place of Business Mailing Address								
rindipal Place of Business 1100 CLEVELAND ST #900	N	Mailing Address 1100 CLEVELAND \$	er #9nn					
CLEARWATER FL 34615		CLEARWATER FL 34615						
		•			3. Date Incorporated or Qualified 08/05/1995	3a. Dat	e of Last R	eport
Principal Place of Business		. Mailing Address			4. FEI Number	, <u>,</u>	X	Applied For
8588 Starting Rd.	26	Suite, Apt. #, etc.						Not Applicabl
Suite D	27	30ite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
Orty & State		City & State			6. Election Campaign Financing			O May Be
LARGO FL.	28	·			Trust Fund Contribution			d to Fees
21p 346A 1 25 Country		Zip 1	Count	try	8. This corporation has liability for		ax under s	199.032,
- '		stered Agent	30		Florida Statutes Ye 10. Name and Address of New	Benistered	Agent	
Name and Address of Current Registered Agent PERRY, CHARLES			8	1 Name	10, Hamo and Address of them	Hogistered	VACIN	
				2 Street Addi	ress (P.O. Box Number is Not Accept	able)		
1100 CLEVELAND ST #900				Street Addi	ress (F.O. box Nortiber is Not Accept	aulej		
CLEARWATER FL 34615			6	13				· · <u>-</u>
			I .				85 Zi	p Code
			Ē	14 City			11	
GNATURE			1		oration submits this statement for the pard of directors. I hereby accept the ap	FL purpose of ch pointment as	anging its registered	registered offi Lagent, Lam
GNATURE Synature typed or printed hams of n		farylicable CTORS	tutes, the above cized by the cotes. (NOTE Registered A	a-named corpo rporation's bloa gorit sgrature require		purpose of chopointment as DATE FICERS AND	DIRECTO	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2.6.96

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