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 Syste DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCOSS (7)

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SECRETARY OF STATE

1. Corporatio	COAST REHAB, INC.	00002033 (1)				ISSEE, FLORIDA
Principal Place of Business Mailing Address						III 00/16 5/16 110/9 0/10/ 0/10/ 0/10/
8588 STARKEY RD 4400 CLEVELAND ST ¥800						
D CLEARWATER FL 84615				<u>ر</u>	DO NOT WRITE	: IN THIS SPACE
LARGO FL 34647			4301 31st St.S. 59.FL 33712		3. Date Incorporated or Qualified	3a. Date of Last Report
		SP. FE 33	112		08/05/1995	02/12/1996
2. Principal P	Principal Place of Business 2a. Mai		Mailing Address			608438 Applied For
21 26		26			APPLIED FOR	Not Applicable
 -		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27				Fee Required	
City & State		28]	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			7ip Country			
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You	
	9. Name and Address of C				10. Name and Address of New Re	
PERRY, CHARLES				1 Name		
1100 CLEVELAND ST #900			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)	
	ARWATER FL 34615					
			8:	3		
			8	4 City		85 Zip Code
11 Pursuant to the Gravisians of Sections 607 0500 and 607 1509 Elevida Statutos th				yo named co	reporation submits this statement for the r	FL 33 2 to Conc
office or r	egistered agent, or both, in the	State of Florida, Such change was	authorized t	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	pl the appointment as registered
	m familijar with, and accept the	obligations of, Section 607.0505, F	ionda Statuk	98.		
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NO	11 Registered A	gent signature requ	uired when foinstating)	DATE
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	OPST	C W - INV	1,1 TITLE			CERS AND DIRECTORS IN 12 Change Addition
NAME	BYRD, BETTY	3014 67 0	, \ 1.2 NAME			[5]
STREET ADORESS	1400 CLEVELAND ST #90	00 83 88 STA REY NO	/1	ET ADDRESS		POECIAL POECIAL
CITY-ST-ZIP		Largo 14 34647	1.4 CITY-			Addition C
TITLE		301 3154.54	2.1 1ITLE		-117067	9701093002
NAME	S	P, F4 33712	2.2 NAME	i i	****55	
STREET ADDRESS				F1 ADDRESS		0.00 0000000
CATY-ST-Z#P TITLE		DELETE	2. 4 CITY 3.1 TITLE	. 01.611		☐ Change ☐ Addition
NAME			3.2 NAME			
#STREET ADDRESS			3.3 STREE	1 ADDRESS		ł
CITY-ST-ZIP	3.4.1		3.4. CITY	- S1 - 210°		
TITLE		DELETE 4.11				☐ Change ☐ Addition
WAME	4.3		4. 2 NAM	E		
STREET ADDRESS			4 3 STHEE	T ADDRESS		
CITY-ST-ZIP			4.4 DITY- ST- ZIP			
TITLE		☐ DETEAE	5.1 TALE			☐ Change ☐ Addition
NAME			5.2 NAME	ř.	(i 1)	10.5
STREE1 ADDRESS				1 ADDRESS	U.Al	au I
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 THLE	ST-7IP	777	2 Change Addition
NAME		□1 prifft	6.2 NAME		///	2/17 Change Li Addition
STREET ADDRESS				T ADDRESS	/	1
CITY-ST-ZIP	•	6.4 CiTy - ST			,	
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I do hereby certify that the information supplied with this filling 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 as true and accurate and that my signature shall have the same logal 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 an attachment with an address.

9/0/00 0/2 231 1028

SECTION AND SHIP IS

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CHARLES PERRY, ATTORNEY

1100 Cleveland Street, Suite 900 Clearwater, FL 33755 (813) 442-9330 Fax: (813) 461-1872 E-Mail: jazzzz@gte.net

October 22, 1997

Annual Reports Section Amy Allen PO Box 6327 Tallahassee, FL 23214

Re: West Coast Rehab, Inc.

Dear Ms. Allen:

This is to confirm our telephone conversation of today regarding the enclosed annual report. The report was sent to my office, but under West Coast's Name. I found it in a pile of mail the shared mail service was returning. Had the document had my name on it, I would have received it.

The correction has been made. I understand that since the mail was mis-addressed, you will accept it for filing without additional charge.

Thank you for your consideration.

Sincerely yours,

Charles Perry

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