## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000063130 (5) DOCUMENT #

1. Corporation Name

POS REHABILITATION, INC.

Principal Place of Business

Mairing Address



132 MANATEE AVENUE EAST Bradenton FL 34208		132 MANATEE AVENUE EAST BRADENTON FL 34208		Data Incorporated or Qualified	3a. Date of Last/Repo	nd
				3. Date Incorporated or Qualified 08/07/1995	N/A	
2. Principal Place	of Business	2a. Mailing Address	0	4. FEI Number	2 <u> </u>	olied For
1 1501	SSED MICE GRET	26 1504 33	AD AIG GAS	1 65-0599492		Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 A	
City & State		City & State		6. Election Campaign Financing	\$5.00	•
3 JARO	ENTEN, FL	28 BRADENTO		Trust Fund Contribution	Added t	
Zip	Country	Zip / / AC	Country	8. This corporation has liability for	intangible tax under s 19 D 🔀 No	39.032,
4 34208	25 MANATEG	29 39208	30	Florida Statutes Yes  10. Name and Address of New F		
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New 1	tegistored rigotic	
	_					
ANDERSON, J P 930 SO. HARBOR CITY BLVD. STE 505			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
MELBOUF	RNE FL 32901		["			
			84 City		FL 85 Zip 9	Code
11. Pursuant to to or registered	the provisions of Sections 607,0502 a agent, or both, in the State of Florida	nd 607.1508, Florida Statute Such change was authorize	es, the above named corp ed by the corporation's bo	oration submits this statement for the papard of directors. I hereby accept the app	irpose of changing its reconniment as registered a	gent. I am
familiar with,	and accept the obligations of, Section	1 607.0505, Florida Statutes.				
SIGNATURE	gnature, typed or printed name of registered egent ar	nd title If applicable. (NO	Te: Registered Agenit signature requ	ired when reinstating)	DATE	C IN 10
12.	OFFICERS AND	D RECTORS	13.	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTOR	Addition
TITLE	D	DELETE	1 1 TallE		C Osangs	
NAME	MCDONALD, DEXTER N		1.2 NAME			
STREET ADDRESS	132 MANATEE AVENUE EAST		1.3 STREET ADDRESS			
CHTY-ST-ZIP	BRADENTON FL 34208	PO DELETE	1 4 CITY-ST-ZIP		Change	Addition
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			0.0.111111			
NAME	MCDONALD, HERMA W		2.2 NAME			
NAME STREET ADDRESS	132 MANATEE AVENUE EAST		2.3 STREET ADDRESS			
STREET ADDRESS CHY-ST-ZIP	MCDUNALD, HERMA W 132 MANATEE AVENUE EAST BRADENTON FL 34208		2.3 STREET ADORESS 2.4 C/TY - ST - Z/F		Change	Addition
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

948 - 747 - 5847 Daytrile Phone \*