## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

ORLANDO FL 32822



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000082588 (1) DOCUMENT #
1. Corporation Name

REHAB AND INDUSTRIAL COUNSELING OFFICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address					
C/O MARY JO SPITZNAGEL-WHITE 3137 STONECASTLE ROAD ORLANDO FL 32822	P.O. BOX 721423 ORLANDO FL 32872	DO NOT WRITE IN THIS SPACE				
		<ol> <li>Date Incorporated or Qualified 10/26/1995</li> </ol>				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For		
27 1840 W. COLONIAL	DR 26 P.O. Box 721423	59-3347998		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	X	\$8.75 Additional Fee Required		
23 ORLANDO FL	City & SIORLANDO, PL	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
24 32804 25 OKANG	129 7 30814 30 OKANZE	This corporation owes or has pa     Personal Property Tax due June		rrent year Intangible No		
9, Name and Address of Q	rrent Registered Agent	10. Name and Address of New Re	gistered	Agent		
SPITZNAGEL-WHITE, MARY JO	81 Name					
3137 STONECASTLE ROAD	92 Stroot Add	dropp (P.O. Pou Number in Not Assentab				

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE										
Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	S IN 12			
TITLE		DELETE	1.1 TITLE	& vice viesident		Change	☐ Addition			
NAME	SPITZNAGEL-WHITE, MARY JO		1.2 NAME	TRACIE DELA	14. mm.					
STREET ADDRESS	3137 STONECASTLE ROAD		1.3 STREET ADDRESS	1000 Stevens R	ואכי שואו	L.				
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CiTY - ST - ZiP	Peachtree City, (	GA 30269					
TITLE		DELETE	2.1 TITLE	RICHARD BRAUNT	IAP OT		Addition			
NAME	WHITE, HOLLAND JR		2.2 NAME	3381 COE AU.	ALAN DI					
STREET ADDRESS	3137 STONECASTLE ROAD		2.3 STREET ADDRESS		2806					
CITY-ST-ZIP	ORLANDO FL 32822		2.4 CITY-ST-ZIP		Noch					
TITLE		DELETE	3.1 TITLE			Change	Addition			
NAME	DELALLY, TRACIE		3.2 NAME							
STREET ADDRESS	610 COPPERFIELD LN		3.3 STREET ADDRESS							
CITY-ST-ZIP	ACWORTH GA 30102		3.4. CITY-ST-ZIP							
TITLE		ELETE	4.1 TITLE			Change	Addition			
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE			Change	Addition			
NAME			5.2 NAME							
STREET ADORESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		ELETE	6.1 TITLE			Change	Addition			
NAME			6.2 NAME				[			
STREET ADDRESS			63 STREET ADDRESS				İ			

14. I 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 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 on an attendment with an address.

SIGNATURE:

(487)422-4346