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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P95000095383 (2)

CRESTHAVEN PHYSICAL THERAPY & REHABILITATION CEN TER, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business		Mailing Add	ress			a radzinute vin entet mitt mater after affete falle faife firen firet fille tille tille			
2601 SOUTH MILITARY TRAIL. SUITE 25			2601 SOUTH MILITARY TRAIL. SUITE 25						
WEST PALM E	BEACH FL 33415	WEST PALA	A BEACH FL 33	3415		DO NOT WRITE IN THIS	DACE		
						3. Date Incorporated or Qualified	DIACE		
						12/18/1995			
2. Principal Pla	ace of Business	2a. Malling A	Address			4, FEI Number		pplied For	
21		26				65-0628500		ot Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					Additional	
22			27			5. Certificate of Status Desired		equired	
City & State			City & State			6. Election Campaign Financing		May Be	
23		28	28			Trust Fund Contribution		to Fees	
Zip	Country	Zip		Country	i	8. This corporation owes or has paid the curr			
24	25	29		10		· '		□ No	
	g, Name and Address of Cur	rent Registered Age	nt			10. Name and Address of New Registered	Agent		
DIM	INIÇO, GERALD J			81	Name				
4824 Sar atoga RD.				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
W. PALM BEACH FL 33415				-	Di Obi / K	Street Address (F.O. Box Nothbell is Not Acceptable)			
				83					
				84	City		85 Zip	Code	
					"	FL			
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, F	Iorida Statutes	the abov	e-named c	orporation submits this statement for the purpose of tration's board of directors. I hereby accept the appro-	changing i	ts registered	
agent. I am	familiar with, and accept the ob	ligations of Section 6	307.0505, Flori	da Statute:	y ine curpo s.	ration's board of directors, I hereby accept the appl	ointment as	registered	
SIGNATURE _	Devald 9	Men	ed.			- 3/2 <i>5</i>	198	ŀ	
	lone are, typed or printed name of regularised	AND DIRECTORS	(NOTE:		ent signature re	quired when reinstating) DATE			
TITLE	PSTD		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND			
NAME	DIMINICO, GERALD J] DECETE	1.1 TITLE			∐ Change	Addition	
	2601 SOUTH MILITARY TR	MI CHITE OF		1.2 NAME					
STREET ADDRESS	WEST PALM BEACH FL 33			1.3 STREET				ļ.	
CITY-ST-ZIP TITLE	TEOT TALM BEACTIFE 33	113	DELETE	1.4 CITY - S 2.1 TITLE	1-ZP		Change	Addition	
NAME		_	DELLIE	2.1 TITLE 2.2 NAME			☐ Change	Addition	
				1				1	
STREET ADDRESS				2.3 STREET	i i			1	
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY-5	51 - ZIP		Change	Addition	
NAME		L_	JULCULE	3.1 TITLE			Change	Addition	
				3.2 NAME					
STREET ADDRESS				3.3 STREET	1				
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY - S	SI - ZIP		Change	Aptalision	
NAME		<u> </u>	1 000010	4.1 TITLE			Change	Addition	
STREET ADDRESS				4. 2 NAME	4D0D564			1	
				4.3 STREET	- 1				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S	1+ ZIP		Change	Addition	
NAME			, DECENT	5.1 TITLE			Change	Addition	
1				5.2 NAME	*DODECC			l	
STREET ADDRESS				5.3 STREET]			ł	
CITY-ST-ZIP			DELETÉ	5.4 CITY-S	T-ZIP		10000	T Mark	
TITLE			I NECELE	6.1 TITLE		(Change	☐ Addition	
NAME STREET LODGESS	•			6.2 NAME					
STREET ADDRESS				6.3 STREET	I				
CITY-ST-ZIP		The surface of the same of the same		6.4 CITY-S	T-ZIP				

I 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 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.