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Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095952 (4)

1. Corporation Name

ALL SOUTHERN CARE REHABILITATION, INC.

Principal Place of Business

7808 NORTHWEST 71 STREET
TAMARAC FL 33321

Mailing Address

7808 NORTHWEST 71 STREET
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

65-0628617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 ~~Lauderhill~~
22 Suite, Apt. #, etc.
23 7875 NW 50 ST
24 City & State
25 Broward, FL

26 Zip
27 33351
28 Country
29 Broward

2a. Mailing Address

26 7875 NW 50 ST
27 Suite, Apt. #, etc.
28 ~~Lauderhill~~
29 Florida

30 Zip
31 33351
32 Country
33 Broward

9. Name and Address of Current Registered Agent

GASS, DANNY E
10001 NW 50TH ST
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Patricia A. Myers
Signature, typed or printed name of registered agent and title if applicable

PATRICIA A MYERS, President

3/30/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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