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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000019771 (0)

FIRST PRIORITY REHAB, INC.

## FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- I ICOLODI AID EDITO DILIF ODITI DORTI BULLE DE DE IDE	<b>                                    </b>	I 1404 II 04	
67 KING FISHER WAY BOYNTON BEACH FL 33462  67 KING FISHER WAY BOYNTON BEACH FL 33462							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
2. Principal Place of Business	2a. Mailing Address				03/04/1996 4. FEI Number	ΙΔε	plied For
21	26				65-0652010	<del></del>	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			· · <del></del>	1	\$8.75	
22	27				5. Certificate of Status Desired	Fee Re	
City & State	City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added	to Fees
Zip Country	Zip Country				8. This corporation owes or has paid the curr		<b>-</b> -
24 25		10			Personal Property Tax due June 30.		_ No
9. Name and Address of Current	Registered Agent		B1 (	Name	10. Name and Address of New Registered	Agent .	
GILL, SHARI LYN		[					
67 KING FISHER WAY			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33462			83			· ··	
		Ĺ					
		[1	B4 (	City	FL	85 Zip	Code
11 Pursuant to the provisions of Sections 607 0502	and 607.1508 Florida Statutes	the ab	ove-r	named corpo		changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	If Florida, Such change was au	thorized	by th	he corporatio	on's board of directors. I hereby accept the app	ointment as	registered
	ions of, Section 607.0303, Fiore	ua Siaic	1165.				
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Agent :	signature required	d when reinstating) DATE		
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE PSD	DELETE 1.1 TI		.E			L Change	Addition
NAME GILL, SHARI LYN	1.2 N/						
) · ·				DORESS			i
<del></del>	OYNTON BEACH FL 33462 1.40			ZIP		Change	Addition
TITLE VID	DELETE	2.1 TITLE				T CHANGE	☐ X00000011
NAME GILL, JAY MICHAEL		2.2 NAMI					1
STREET ADDRESS 67 KING FISHER WAY CITY-ST-ZIP BOYNTON BEACH FL 33462				DDRESS			
TITLE BUYNTON BEACH FL 33462	DELETE 3.1 TI		Y-\$T-	Zir		Change	Addition
NAME	quad o access	3.2 NAME				- <b>v</b> ·	_
STREET ADDRESS		3.3 STF		ODRESS			
CITY-ST-ZIP		3.4. CITY-1					
TITLE	☐ DELETE	4.1 TITLE				Change	☐ Ad <sup>*</sup>
NAME		4. 2 NA	ME				
STREET ADDRESS		4.3 STR	EET AD	ORESS			
CITY-ST-ZIP		4.4 CITY-ST-2		ZIP		T-1-2	·
TITLE	DELETE	5.1 TITLE				Change	
NAME		5.2 NA					
STREET ADDRESS		5 3 STF				Į,	
CITY-ST-ZIP	T SELETE	5.4 CIT		ZIP		T Ch	
TITLE	DELETE	6.1 T(T)				LI UII	
NAME		6.2 NA	AE.	- 1		,	
STREET ADDRESS		0 - 0		SODEGO I		1	
CITY-ST-ZIP		6.3 STF 6.4 CIT				į	

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 certificated 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 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 Block 13 if chapter 607 or no an attachment with an address.

Smri Gill