

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

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # P96000024365 (4)

1. Corporation Name
RECOVER BY REHAB, INC.



Principal Place of Business

**4340 SHERIDAN ST.
SUITE 200
HOLLYWOOD FL 33021**

Mailing Address

**4340 SHERIDAN ST.
SUITE 200
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22. City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28 Zip **30** Country

3. Date Incorporated or Qualified

03/19/1996

4. FEI Number

65-0650487

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

9. Name and Address of Current Registered Agent

**CHARSON, LARRY
4340 SHERIDAN ST.
SUITE 200
HOLLYWOOD FL 33021**

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 607.0502 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

LARRY CHARSON

4/15/98

Signature of officer or director, or registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CHARSON, LARRY**
STREET ADDRESS **4340 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VPD** ☒ DELETE

NAME **JOSE, DAUANA**
STREET ADDRESS **4340 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **STD** ☒ DELETE

NAME **DOBOROVOSKY, LISA**
STREET ADDRESS **4340 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ DELETE

NAME **MOLIN, DOUGLAS M.D.**
STREET ADDRESS **4340 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ DELETE

NAME **STARK, BARRY CPA**
STREET ADDRESS **4340 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ DELETE

NAME **NADEL, LEWIS**
STREET ADDRESS **4340 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address.

Larry Charson

4/15/98 (Charson) 007-7677

CR2E034 (10/97)