

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90028 032 ***550.00

DOCUMENT # **P96000024365**

Corporation Name

RECOVER BY REHAB, INC.



Principal Place of Business

Mailing Address

4340 SHERIDAN ST.
SUITE 200
HOLLYWOOD FL 33021

4340 SHERIDAN ST.
SUITE 200
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4101 Ravenswood Rd.	2a. Mailing Address 4101 Ravenswood Rd.
Suite, Apt. #, etc. Suite 116	Suite, Apt. #, etc. Suite 116
City & State Dania, FL	City & State Dania, FL
Zip 33312	Zip 33312
Country USA	Country USA

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 the current year
Intangible Personal Property.

☒ 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	Roberto L. Palenzuela
82 Street Address (P.O. Box Number is Not Acceptable)	4101 Ravenswood Road
83	Suite 116
84 City	Dania
85 State	FL
86 Zip Code	33312

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 607.0509, Florida Statutes.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME	PD	<input checked="" type="checkbox"/> DELETE
2. ADDRESS	CHARSON, LARRY	
3. ADDRESS	4340 SHERIDAN ST.	
4. CITY-STATE-ZIP	HOLLYWOOD FL 33021	
5. NAME	D	<input checked="" type="checkbox"/> DELETE
6. ADDRESS	MOLIN, DOUGLAS M.D.	
7. ADDRESS	4340 SHERIDAN ST.	
8. CITY-STATE-ZIP	HOLLYWOOD FL 33021	
9. NAME		<input type="checkbox"/> DELETE
10. ADDRESS		
11. ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. ADDRESS		
15. ADDRESS		
16. CITY-STATE-ZIP		
17. NAME		<input type="checkbox"/> DELETE
18. ADDRESS		
19. ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce Nager	
1.3 STREET ADDRESS	4101 Ravenswood Rd. #116	
1.4 CITY-STATE-ZIP	Dania, FL 33312	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jacob Strikowski	
2.3 STREET ADDRESS	4101 Ravenswood Rd. #116	
2.4 CITY-STATE-ZIP	Dania, FL 33312	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roberto L. Palenzuela	
3.3 STREET ADDRESS	4101 Ravenswood Rd. #116	
3.4 CITY-STATE-ZIP	Dania, FL 33312	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Christopher T. Harkins	
4.3 STREET ADDRESS	4101 Ravenswood Rd. #116	
4.4 CITY-STATE-ZIP	Dania, FL 33312	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 attachment to this address.

GNATURE:

Roberto L. Palenzuela

6/30/99

954-321-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0064059