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FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040628 (5)

1. Corporation Name
REHAB-IT, INC.



Principal Place of Business

Mailing Address

111 N ORANGE AVE, SUITE 900
ORLANDO FL 32801-2373

111 N ORANGE AVE, SUITE 900
ORLANDO FL 32801-2373

2. Principal Place of Business
21 111 N. Orange Avenue
Suite, Apt. #, etc.
22 Suite 1200
City & State
23 Orlando, FL
Zip
24 32801
Country
25 US

2a. Mailing Address
26 111 N. Orange Avenue
Suite, Apt. #, etc.
27 Suite 1200
City & State
28 Orlando, FL
Zip
29 32801
Country
30 US

3. Date Incorporated or Qualified
05/13/1996
3a. Date of Last Report
Applied For
Not Applicable
4. FEI Number
59-3402507
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAMS, MAURICE
111 N ORANGE AVE, SUITE 900
ORLANDO FL 32801-2373

81 Name
SHAMS, MAURICE
82 Street Address (P.O. Box Number is Not Acceptable)
111 N ORANGE AVENUE, SUITE 1200
83
84 City
Orlando
FL
85 Zip Code
32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	REGASPI, GUILLERMO P	500 WINDERLEY PL #112	MAITLAND FL 32751	<input type="checkbox"/>
STD	REGASPI, LISA	500 WINDERLEY PL #112	MAITLAND FL 32751	<input type="checkbox"/>
VD	WARD, VICTORIA	500 WINDERLEY PL #112	MAITLAND FL 32751	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

STANLEY BEGGS

1-22-96 (407) 110-1144

CR2E034 (9/96)