

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046646
1. Corporation Name

ALLIED MEDICAL REHABILITATION SERVICES, INC.

Principal Place of Business 510 W 29th Street Hialeah FL 33012	Mailing Address 510 W 29th Street Hialeah FL 33012
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3. Date Incorporated or Qualified 06/03/96	3a. Date of Last Report
4. FEI Number 65-0669050	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

ALICIA HERRERA
510 W 29th Street
Hialeah FL 33012

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL Zip Code
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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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HERRERA, ALICIA	12 NAME	
STREET ADDRESS	510 W 29th Street	13 STREET ADDRESS	
CITY-STATE-ZIP	Hialeah FL 33012	14 CITY-STATE-ZIP	
TITLE	DVPS ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CURIEL, MARIA	22 NAME	
STREET ADDRESS	510 W 29th Street	23 STREET ADDRESS	
CITY-STATE-ZIP	Hialeah FL 33012	24 CITY-STATE-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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***165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 13,1 changing, or on an attachment with an address.

SIGNATURE:  ALICIA HERRERA - PRESIDENT

04/22/97

(305)888-5597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR