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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000050395 (8)

1. Corporation Name

FIRST QUALITY REHABILITATION OF PALM BEACH, INC.

Principal Place of Business

2500 HOLLYWOOD BLVD.
SUITE 410
HOLLYWOOD FL 33020

Mailing Address

2500 HOLLYWOOD BLVD.
SUITE 410
HOLLYWOOD FL 33020-8615

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 3939 S. Congress Ave

Suite, Apt. #, etc.

22 101

City & State

23 Lake Worth, FL

Zip

24 33461

Country

25 U.S.A.

2a. Mailing Address

26 8751 W BROWARD BLVD

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 PLANTATION FL

Zip

29 33324

Country

30 USA

4. FEI Number

65-0694141

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

9. Name and Address of Current Registered Agent

SCHNEIDER, LAZ L
100 N.E. THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33301

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

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 D ☐ DELETE

NAME MALONEY, JACK
STREET ADDRESS 2500 HOLLYWOOD BLVD. STE 410
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ DELETE

NAME SCHULMAN, SOL
STREET ADDRESS 2500 HOLLYWOOD BLVD. STE 410
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 8751 W. Broward Blvd., Suite 100
1.4 CITY-ST-ZIP Plantation, FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 8751 W. Broward Blvd., Suite 100
2.4 CITY-ST-ZIP Plantation, FL 33324

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 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 applicable, or on an attachment with an address.

SIGNATURE:

JACK MALONEY JACK MALONEY

Date

2/7/97

Daytime Phone #

954-382-0300

CR2E034 (9/96)