

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 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 # P96000051885 (7)

1. Corporation Name

CENTURY REHABILITATION SERVICES, INC.



Principal Place of Business

Mailing Address

1710 4 AVENUE NORTH
LAKE WORTH FL 33460

1710 4 AVENUE NORTH
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2790 N. Military Trail

26 2790 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

27 Suite 4

City & State

City & State

23 W. Palm Beach, FL

28 W. Palm Beach, FL

Zip

Country

Zip

Country

24 33409

25 U.S.A.

29 33409

30 U.S.A.

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

10. Name and Address of New Registered Agent

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 PTD ☐ DELETE

NAME MARGESON, KENNETH W

STREET ADDRESS 1710 4 AVENUE NORTH

CITY-ST-ZIP LAKE WORTH FL 33460

TITLE VSD ☐ DELETE

NAME LABEUR, DELIA

STREET ADDRESS 1710 4 AVENUE NORTH

CITY-ST-ZIP LAKE WORTH FL 33460

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 PTD ☒ Change ☐ Addition

1.2 NAME MARGESON, KENNETH W.

1.3 STREET ADDRESS 2790 N. Military Trail, #4

1.4 CITY-ST-ZIP W. Palm Beach, FL 33409

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME LABEUR, DELIA

2.3 STREET ADDRESS 2790 N. Military Trail, #4

2.4 CITY-ST-ZIP W. Palm Beach, FL 33409

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 changed, or on an attachment with an address.

SIGNATURE:

DELIA LABEUR 9/12/97 561-640-4001

CR2E034 (4/97)