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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000057489**1. Corporation Name

FIRST QUALITY REHABILITATION CENTERS, INC.

Principal Place	o of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1	88    80     81
440 E SAMPLE		- 8751 W BROWARD BLVD			
SUITE 101 100			DO NOT WINE	DO NOT WRITE IN THIS SPACE	
POMPANO BEACH FL 33064 PLANTATION FL 33324				E IN THIS SPACE	
		US		3. Date Incorporated or Qualifed 07/09/1996	
<b>6 D</b> · · · · · · · · · · · · · · · · · · ·	L	2a Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 21 / 37 / S Ocean Blod 26   26				65-0679159	Not Applicable
21 / 3 / /	<del></del>	Suite, Apt. #, etc.			_ \$8.75 Additional
Suite Apt.	405	27		- 5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
23 Pompano Beach Ff 28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	
24 330	162 25 USA	29 3	0	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
e) m	LED CUDICTINE A		81 Name	OHN F MALON	/EY II
	LER, CHRISTINE A		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
	ne 3rd avenue E 400		875	I W BROWARD	BLVD #100
	AUDERDALE FL 33301		83 PLA	ANTATION	Ì
F1 U	AUDERDALL I E 3330 I	•	84 City		FL 85 Zip Code 33324
				the statement for the	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Suchtchange was auti	, the above-named co norized by the corpora	rporation submits this statement for the tition's board of directors. I hereby accep	t the appointment as registered
anent I a	m familiar with, and accept the obligation	design Helction 607.0505. Florid	a Statutes		1//22
agent. rai	7 7 7 7		<b>∠</b> .		22.7 , 199
SIGNATURE	x brulen 7. 1	lack II		IN FMALONEY II	7////
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NOTE: R	JOH egistered Agent signature requ	IN FMALONEY II ired when reinstating)	DATE
SIGNATURE	Signature syped or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R		IN FMALONEY II ired when reinstating)	7////
SIGNATURE 12. TITLE	Signature Spot or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	JOH egistered Agent signature requ 13.	IN FMALONEY II ired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature sport or printed name of registered agent OFFICERS AND D ZARRILLI, DIANE	and title if applicable. (NOTE: R	egistered Agent signature required 13.	IN FMALONEY II ired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature sport or printed name of registered agent OFFICERS AND D ZARRILLI, DIANE 440 E SAMPLE RD SUITE 101	and title if applicable. (NOTE: R	egistered Agent signature required 13.  1.1 TITLE  1.2 NAME	IN FMALONEY II ired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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14. 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, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90054 030 \*\*\*150.00