

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000059390 (0)

1. Corporation Name

DELRAY REHABILITATION, INC.



Principal Place of Business

4400 W. SAMPLE RD.  
SUITE 114  
COCONUT CREEK FL 33073

Mailing Address

4400 W. SAMPLE RD.  
SUITE 114  
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1996

4. FEI Number

65-0683569

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 5046 W. ATLANTIC AVE

Suite, Apt. #, etc.

22 Suite

City & State

23 Delray Beach FL

Zip

24 33484

Country

25

2a. Mailing Address

26 5046 W. ATLANTIC AVE

Suite, Apt. #, etc.

27 Suite

City & State

28 Delray Beach FL

Zip

29 33484

Country

30

9. Name and Address of Current Registered Agent

LIEBERMAN, KENNETH  
4400 W. SAMPLE RD.  
SUITE 114  
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name

Ira Dash

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

8953 N.W. 25 CT

83

84 City

Coral Springs

FL

85 Zip Code

33065

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

*Ira Dash*  
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 P  
NAME CHATANI, GOBIN  
STREET ADDRESS 4400 W. SAMPLE RD., #114  
CITY-ST-ZIP COCONUT CREEK FL 33073  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice president Sec/Treas  
1.2 NAME Ira Dash  
1.3 STREET ADDRESS 8953 N.W. 25th CT  
1.4 CITY-ST-ZIP Coral Springs FL 33065  
☐ Change ☒ Addition

2.1 TITLE President  
2.2 NAME Ira Dash  
2.3 STREET ADDRESS 8953 N.W. 25th CT  
2.4 CITY-ST-ZIP Coral Springs FL 33065  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 recorder 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 *Ira Dash* *Ira Dash* *Ira Dash*

CR2E034 (10/97)