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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #
Corporation Name P96000060021 (8)

LARGO REHAB, INC.

Principal Place of Business

Mailing Address

**FILED** 

May 06 1997 8:00am

Secretary of State

FORT TAUDERDALE FL 33308				FORT LAUDERDALE FL 33308-4219					
							3. Date Incorporated or Qualified 07/17/1996	3a. Date of Las	: Report
2. Principal Pi			2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Applied For
1319	1 Sta	rkey Road	26	26			65-0688569	69 Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State				City & State			6. Election Campaign Financing \$5.00 May Be		
Largo, FL			28	28			Trust Fund Contribution Added to Fees		
Zip		Country	Zip		Countr	/	8. This corporation has liability for	ntangible tax unde	rs. 199.032,
337	• •	25 USA	29		30			Yes No	
			rent Registered Agen	<u>t                                    </u>		<del></del>	10. Name and Address of New Re	gistered Agent	
	AUELS, LE				81	Name			
	N.E. 3RD	AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
	TE 400								
FOF	RT LAUDER	NDALE FL 33301			83				
8 to 4					84	City		85 Zi	p Code
1 1						1		┡┖┤┤	
Pulteuant	to the provis	ions of Sections 607.0	0502 and 607, 1508, Flo	orida Statute	es, the above	e-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered
-∷ agentila	eyişlered aç m <b>famil</b> lar w	ith, and accept the ob	ate of Fiorida, Such ch ligations of, Section 60	ange was al 07.0505, Floi	rida Statute	y me corpora s.	mion's board of directors, Thereby accep	и ине арропшиели.	as registered
SIGNATURE									
	Signature, typed	or printed name of registered		(NOTL		ert a gnature requ	ired when roinstating)	DATE	
12.		OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
MILE 15	D			DELETÉ	1.1 TITLE			Chang	e 🔲 Addition
NAME _		BERG, RALPH			1.2 NAME				
STREET ADDRESS	EET ADDRESS 2929 EAST COMMERCIAL BLV			<b>1.3 ST</b> 1.3 ST		1 ADDRESS			
CITY-ST-20P	FORT L	AUDERDALE FL 333	X08		1.4 CITY-	ST- ZIP			
TITLE				DELETE	2.1 TITLE	T		☐ Chang	e 🔲 Addition
NAME					2.2 NAME				
STREET ADDRESS					23 STAEE	T ADDRESS			
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP			
TITLE				DELETE 3.1 TITLE				Chang	e Addition
TIAME *					3.2 NAME				
STREET ADDRESS					3.3 STREE	T ADDRESS			
CITY-ST-ZIP					34 CITY-	ST-ZIP			
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 TITLE			Chang	e Addition
NAME					4. 2 NAME				
STREET ADDRESS	:				4.3 STREE	T ADDRESS			
DITY-ST-ZIP					4.4 DITY-				
TITLE	<del></del>			DELETE	5 1 TITLE			Chang	e Addition
NAME			_		5.2 NAME				
STREET ADDRESS					1	T ADDRESS			
CITY-ST-2P					5.4 C(TY-				
TITLE			П	DELETE	6.1 TITLE	01-511		Chang	e Addition
NAME					6.2 NAME	}		Last Orlong	- 6.0 / 100/10/1
200						T ADDRESS			
STREET ADDRESS					i	T ADDRESS			
: TOTAL AT 160									

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 trusted employers 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 autress.