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FILED

Jun 16 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 # P96000066026 (1)

1. Corporation Name

FIRST REHABILITATION OF PORT ST. LUCIE, INC.

Principal Place of Business

9452 SOUTH US 1
PORT ST. LUCIE FL 34952

Mailing Address

9452 SOUTH US 1
PORT ST. LUCIE FL 34952-4299

2. Principal Place of Business

21 9476 South US 1

Suite, Apt. #, etc.

22

City & State

23 Port St. Lucie, FL

Zip

Country

24 34952

25

2a. Mailing Address

26 9488 S US 1

Suite, Apt. #, etc.

27

City & State

28 Port St Lucie, FL

Zip

Country

29 34952

30

9. Name and Address of Current Registered Agent

EKBATANI, SHAHRIAR
9452 SOUTH U.S. 1
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified

08/05/1996

3a. Date of Last Report

4. FEI Number

65-0674852

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

10. Name and Address of New Registered Agent

81 Name

ROBERT PAPPEL

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

2770 INDIAN RIVER BLVD

83

Suite - 307

84 City

Vero Beach

FL

85 Zip Code

32960-4220

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)

6/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EKBATANI, SHAHRIAR
% 9452 SOUTH US 1
PORT ST. LUCIE FL 34952

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P, VP, S, D, T

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ 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 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

Signature, typed or printed name of registered agent and title if applicable

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-06/19/97-01092-004
***165.00

CR2E034 (9/96)