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May 14 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 # P96000089073 (6)

1. Corporation Name

REHAB THERAPY ASSOCIATES SERVICES, INC.

Principal Place of Business

2906 KENILWORTH BOULEVARD
SEBRING FL 33870

Mailing Address

2906 KENILWORTH BOULEVARD
SEBRING FL 33870-4307

3. Date Incorporated or Qualified
10/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 2906 KENILWORTH BLVD.

2a. Mailing Address

26 2906 KENILWORTH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SEBRING FLORIDA

City & State

27 SEBRING, FLORIDA

Zip

24 33870

Country

25 HIGHLANDS

Zip

29 33870

Country

30 HIGHLANDS

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CRISANTO G. TUAZON

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

2906 KENILWORTH BLVD.

83

84 City

SEBRING

FL

85 Zip Code

33870

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

CRISANTO G. TUAZON - ADMINISTRATOR

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

(NOTE: Registered Agent signature required when reinstating)

4-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
TUAZON, CRISANTO G
STREET ADDRESS 2906 KENILWORTH BOULEVARD
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME VSD
CAMINO, WILMORE ROY
STREET ADDRESS 2906 KENILWORTH BOULEVARD
CITY-ST-ZIP SEBRING FL 33870

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 address.

SIGNATURE:

CRISANTO G. TUAZON - ADMINISTRATOR

4-29-97 (941) 386-9444

CR2E034 (9/96)