

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 # P97000011544

1. Corporation Name

DREXEL PHYSICAL MEDICINE AND REHABILITATION, INC

Principal Place of Business

6076 OKEECHOBEE BOULEVARD, SUITE 22-23
WEST PALM BEACH FL 33417

Mailing Address

6076 OKEECHOBEE BOULEVARD, SUITE 22-23
SUITE 50
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

21 1141 Royal Palm Bch Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

City & State

23 Royal Palm Beach, FL

City & State

28
City & State

Zip

24 33411

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PETERSON, CARMEN
109 STARLING AVE
WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0727299

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Carmen Peterson

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

(NOTE: Registered Agent signature required when reinstating)

4/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME PETERSON, ARTHUR RONALD
STREET ADDRESS 109 STARLING AVE
CITY-ST-ZIP WEST PALM BEACH FL 33411

☐ DELETE

TITLE VTD
NAME PETERSON, CARMEN
STREET ADDRESS 109 STARLING AVE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ DELETE

TITLE D
NAME ARMOUR, ANTHONY
STREET ADDRESS 6076 OKEECHOBEE BLVD, SUITE 50
CITY-ST-ZIP WEST PALM BEACH FL 33411

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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.

SIGNATURE:

Carmen Peterson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 561-697-8800
Date Daytime Phone #

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90067 029 ***150.00



DO NOT WRITE IN THIS SPACE

U332571

CD2524-111081