

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

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

FILED
Mar 17 1998 8:00am
Secretary of State

DOCUMENT # P97000011560 (4)

1. Corporation Name

**PALM BEACH PHYSICAL MEDICINE AND REHABILITATION,
INC.**



Principal Place of Business

**50 COCONUT ROW, SUITE 114
ROYAL POINCIANA PLAZA
PALM BEACHCIANA FL 33480**

Mailing Address

**50 COCONUT ROW, SUITE 114
ROYAL POINCIANA PLAZA
PALM BEACHCIANA FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0724633

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

2a. Mailing Address

1717 N. FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 3

City & State

WEST PALM BEACH, FL

Zip

33411

Country

PALM BEACH

Country

FL

33411

PALM BEACH

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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

CARMEN PETERSON

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

109 STARLING AVENUE

83.

84. City

ROYAL PALM BEACH

85. Zip Code

FL 33411

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

CARMEN PETERSON

VICE PRESIDENT

1-15-98

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 **PSD** ☒ DELETE
NAME **ALOSIO, DONALD T JR.**
STREET ADDRESS **50 COCONUT ROW, SUITE 114**
CITY - ST - ZIP **PALM BEACHCIANA FL 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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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 **PSD**
1.3 STREET ADDRESS **ARTHUR RONALD PETERSON**
1.4 CITY - ST - ZIP **109 STARLING AVENUE
ROYAL PALM BEACH, FL 33411**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VTD**
2.3 STREET ADDRESS **CARMEN PETERSON**
2.4 CITY - ST - ZIP **109 STARLING AVENUE
ROYAL PALM BEACH, FL 33411**

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.

SIGNATURE

Arthur Ronald Peterson

ARTHUR RONALD PETERSON

1-15-98 (561)833 4825

CP2E034 (10/97)