

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

0301906

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90046 030 ***150.00

DOCUMENT # P97000017172

1. Corporation Name
CARE REHAB EQUIPMENT, INC.

Principal Place of Business
8455 N.W. 31ST PLACE
SUNRISE FL 33351

Mailing Address
8455 N.W. 31ST PLACE
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6410 Branchwood Drive

Suite, Apt. #, etc.

22 Lake Worth

23 FLORIDA

24 33467

25 USA

2a. Mailing Address

26 6410 Branchwood Drive

Suite, Apt. #, etc.

27 Lake Worth

28 FLORIDA

29 33467

30 USA

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0731371

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

9. Name and Address of Current Registered Agent

HECHT, ALAN R
2670.E. 215TH STREET
MIAMI FL 33180

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

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 D ☐ DELETE

NAME SCHAUBEN, LINDA
STREET ADDRESS 8455 N.W. 31ST PLACE
CITY-ST-ZIP SUNRISE FL 33351

TITLE VP ☐ DELETE

NAME SCHAUBEN, BARRY
STREET ADDRESS 8455 NW 31ST PL
CITY-ST-ZIP SUNRISE FL 33351

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 6410 Branchwood Drive
1.3 STREET ADDRESS Lake Worth, FL 33467
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 6410 Branchwood Drive
2.3 STREET ADDRESS Lake Worth, FL 33467
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:

Linda Schauben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99
Date

561-967-0423
Daytime Phone #

CR2E034 (11/98)