

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90108 008 ***150.00

DOCUMENT # P97000019833

1. Corporation Name

REHAB CENTER OF PALM BEACH, INC.

Principal Place of Business

534 DATURA STREET
WEST PALM BEACH FL 33401

Mailing Address

534 DATURA STREET
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

65-0734008

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

1353 S Military Tr.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

1353 S Military Tr.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

9. Name and Address of Current Registered Agent

SCHWARTZ, DINA
534 DATURA STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Barbara Marchant

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

1353 S Military Tr.

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

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 Barbara Marchant

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SCHWARTZ, DINA
STREET ADDRESS 534 DATURA STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Vice Pres. ☐ Change ☒ Addition
1.2 NAME Barbara Marchant
1.3 STREET ADDRESS 7400 NW 44th Ave.
1.4 CITY-ST-ZIP Pompano Beach, FL 33073

2.1 TITLE President ☐ Change ☒ Addition
2.2 NAME Barbara Deering
2.3 STREET ADDRESS 10154 NW 21st
2.4 CITY-ST-ZIP Pompano Beach, FL 33066

3.1 TITLE Secy Treas. ☐ Change ☒ Addition
3.2 NAME John Waterlake
3.3 STREET ADDRESS 3810 NW 3rd Ave
3.4 CITY-ST-ZIP Boca Raton, FL 33431

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

954-421-2141

Daytime Phone #

CR2E034 (11/98)