## 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 # P97000021941

TOTAL REHAB PLUS, INC:

THERAPEUTIC REHABILITATION CENTERS III, INC.

Principal Place of Business

Mailing Address

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90298 022 \*\*\*600.00



4488 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351		4488 NORTH UNIVERSITY DR LAUDERHILL FL 33351	IVE			
LAUDENNILL FL	33331	ENODERMILE LE 20001		DO NOT WRITE	E IN THIS SPACE	
				<ol> <li>Date incorporated or Qualifed 03/04/1997</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 PO Box 8	2523	65-0737149	Not Applicab	ole
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 Ft. Landerd	al FC	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intangible	
24	25	29 33303 3	o usa	Personal Property Tax.	☐ Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	_
			81 Name	ames N. Reyer		-
BERG	3, KENNETH		82 Street Ad	<u> </u>	de) , ,	$\dashv$
4488	N UNIVERSITY DR		5	301 North Tederal	Hickory	
LAU	DERHILL FL 33351		83	16.0.0	0 /	
			3	wite 200	Tip Code	
			84 City 10	Som Rote	FL 85 Zip Code	
44 Durayant	to the provinions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named co	rporation submits this statement for the p	urpose of changing its registerer	d
office or re	egistered agent, or both, in the State o	f Florida. Such change was aut	orized by the corpora	ation's board of directors. I hereby accept	the appointment as registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.	7	1 17 00	
SIGNATURE		and title if applicable. (NOTE: N	OMOS No	Kener	4-13-17	
-	Signature, typed or printed name of eductored agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	$\neg \vdash$
12.	P OF ICINIC AND	DELETE	1,1 TITLE	ADDITIONOUVITOES TO SEE	Change Addi	
TITLE	BERG, KENNETH	POLCE 12	1.2 NAME			- }
NAME		40				
STREET ADDRESS	3180 SOUTH OCEAN DRIVE #4	IV	1.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009	C) per err	1.4 CITY-ST-ZIP		☐ Change ☐ Addi	ition
TITLE	PDST	☐ DELETE	2.1 TITLE		C change C noon	
NAME	Martin Tschanz		2.2 NAME			ĺ
STREET ADDRESS	4488 N. University	Dure	2.3 STREET ADDRESS			
CITY-ST-ZIP	Lauder hill, Fi	33351	2 4 CITY-ST-ZIP	<u> </u>	Change Addi	ition
TITLE ]	D	☐ DELETE	3.1 TITLE		□ Change □ Addi	luon
NAME	Charles Dihamore 7	II.	3.2 NAME			
STREET ADDRESS	4488 of University	JMVE	3 3 STREET ADDRESS			1
CITY-ST-ZIP	Lauder Will, FL	7 3 7 3 1	3.4 CITY-ST-ZIP			
TITLE	σ '	☐ DELETE	4.1 TITLE		Change Addi	.ruon
NAME	Alexander Kunz 4488 N. University		4. 2 NAME			}
STREET ADDRESS	4488 N. University	Drive	4.3 STREET ADDRESS			}
CITY-ST-ZIP	Landohill FC -	3335[	4 4 CITY-ST-ZIP			(II)
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addi	ition
NAME			5.2 NAME			{
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addi	ition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
O111-01-20						

14. 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 supplier ental 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: