

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90192 041 \*\*\*150.00

DOCUMENT # P97000024699

1. Corporation Name

KEY REHAB, INC.



Principal Place of Business  
8313 W. HILLSBOROUGH AVE.  
SUITE 260  
TAMPA FL 33615

Mailing Address  
8313 W. HILLSBOROUGH AVE.  
SUITE 260  
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

59-3436503

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KAGAN, EDWIN B  
2709 ROCKY POINT DRIVE, SUITE 102  
TAMPA FL 33607

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 P ☐ DELETE

NAME ATKINS, BEN

STREET ADDRESS 8313 W. HILLSBOROUGH AVE. #260

CITY-ST-ZIP TAMPA FL 33615

TITLE VP ☒ DELETE

NAME AUSTIN, JEWAL

STREET ADDRESS 2928 WINDING WAY

CITY-ST-ZIP LILBURN GA 30247

TITLE T ☒ DELETE

NAME MUENEHOW, REBECCA M

STREET ADDRESS 6000 MEADOWBROOK MALL #200

CITY-ST-ZIP CLEMMONS NC 27012

TITLE S ☒ DELETE

NAME HUTCHINS, FAYE J

STREET ADDRESS 6000 MEADOWBROOK MALL #200

CITY-ST-ZIP CLEMMONS NC 27012

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 V/T ☐ Change ☒ Addition

1.2 NAME Davis, James Rocky

1.3 STREET ADDRESS 8313 W. Hillsborough Ave., #260

1.4 CITY-ST-ZIP Tampa, FL 33615

2.1 TITLE V/S ☐ Change ☒ Addition

2.2 NAME Jones, Sandra Revak

2.3 STREET ADDRESS 8313 W. Hillsborough Ave., #260

2.4 CITY-ST-ZIP Tampa, FL 33615

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:

SIGNATURE REQUIRED

01/15/99 (813) 290-9836

Date Daytime Phone #

CR2E034 (11/98)