

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

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032005 (5)

1. Corporation Name

REHAB EQUIPMENT SERVICES, INC.

Principal Place of Business

2930 ACLINE RD
PUNTA GORDA FL 33950

Mailing Address

2930 ACLINE RD
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

65-0744304

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

DENOWITZ, ALFRED P
8751 W BROWARD BLVD, SUITE 307
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

ROGER E. PAULL

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

2430 ACLINE RD.

83

84 City

PUNTA GORDA

FL

85 Zip Code
33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0125, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURKE, FRANCIS E
STREET ADDRESS 138 SYLVESTER RD
CITY-ST-ZIP NORTHAMPTON MA 01060 ☒ DELETE

TITLE TD
NAME BURKE, MATTHEW M
STREET ADDRESS 138 SYLVESTER RD
CITY-ST-ZIP NORTHAMPTON MA 01060 ☒ DELETE

TITLE S
NAME BURKE, KATHERINE D
STREET ADDRESS 138 SYLVESTER RD
CITY-ST-ZIP NORTHAMPTON MA 01060 ☒ DELETE

TITLE D
NAME SAMAY, RICHARD E
STREET ADDRESS 141 MOUNTAINVIEW RD
CITY-ST-ZIP EAST LONGMEADOW MA 01028 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/TREASURER ☒ Change ☐ Addition
1.2 NAME ROGER E. PAULL
1.3 STREET ADDRESS 2430 ACLINE RD.
1.4 CITY-ST-ZIP PUNTA GORDA FL. 33950

2.1 TITLE VICE PRESIDENT/SECRETARY ☒ Change ☐ Addition
2.2 NAME ROGER E. PAULL II
2.3 STREET ADDRESS CLARK RD.
2.4 CITY-ST-ZIP PUNTA GORDA FL. 33950

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

ROGER E. PAULL

1-9-98

1-941-505-0470

CR2E034 (10/97)