

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 90163 046 ***150.00

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DOCUMENT # P97000049042

1. Corporation Name
SENIOR REHAB, INC.



Principal Place of Business

~~311 PARK PLACE BLVD., STE 230~~
CLEARWATER FL 34619

Mailing Address

~~16120 US 19 N~~
~~STE 135~~
CLEARWATER FL 33764
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

2. Principal Place of Business

21 16120 US 19 N

2a. Mailing Address

26 430 Park Place Blvd.

4. FEI Number

59-3425421

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 135

Suite, Apt. #, etc.

27 Suite 600

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip Country

24 33764 25

Zip Country

29 33759 30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIAZZA, JOHN J
16120 US 19 N
STE 135
CLEARWATER FL 33764

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
PIAZZA, SR J
STREET ADDRESS
311 PARK PL BLVD, STE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE PD ☐ DELETE

NAME
PIAZZA, J J
STREET ADDRESS
311 PARK PL BLVD, STE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE VPD ☐ DELETE

NAME
PIAZZA, STEVEN
STREET ADDRESS
311 PARK PL BLVD, STE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE VPD ☐ DELETE

NAME
LENTINI, VINCENT
STREET ADDRESS
311 PARK PL BLVD, STE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE S ☐ DELETE

NAME
LOMBARDI, RITA A
STREET ADDRESS
311 PARK PL BLVD, STE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
John J. Piazza, Sr.
1.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
1.4 CITY-ST-ZIP
Clearwater, FL 33759

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME
John J. Piazza, Jr.
2.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
2.4 CITY-ST-ZIP
Clearwater, FL 33759

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME
Steven A. Piazza
3.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
3.4 CITY-ST-ZIP
Clearwater, FL 33759

4.1 TITLE VPD ☒ Change ☐ Addition

4.2 NAME
Vincent J. Lentini
4.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
4.4 CITY-ST-ZIP
Clearwater, FL 33759

5.1 TITLE S ☒ Change ☐ Addition

5.2 NAME
Rita A. Lombardi
5.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
5.4 CITY-ST-ZIP
Clearwater, FL 33759

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:

Rita A. Lombardi REQUIRE [Rita A. Lombardi 2/12/99 (727)793-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)