

Amended NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 12 PM 3: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # *P97000049323*
1. Corporation Name **Rehab Care Professionals, Inc.**

Principal Place of Business Mailing Address
18383 NW 27th Ave Suite A
Miami Florida 33056 **3251 NW 171 Street**
Miami, Fl. 33056

3. Date Incorporated or Qualified
June 4, 1997

4. FEI Number **65-0757848**
Applied For ☐ Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Michael Small
6716 Dogwood Drive
Miramar, Fl. 33023

10. Name and Address of New Registered Agent

81 Name **Stephen A. Butterfield**
82 Street Address (P.O. Box Number is Not Acceptable)
3251 NW 171 Street
83
84 City **Miami** 85 Zip Code **FL 33056**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Stephen A. Butterfield

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **President/Director**
STREET ADDRESS **Michael Small**
CITY-ST-ZIP **6716 Dogwood Drive**
Miramar, Fl. 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP/D**
STREET ADDRESS **Dehlia Franklin**
CITY-ST-ZIP **17913 SW 5th Street**
Pembroke Pines, Fl. 33028

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☒ Addition
1.2 NAME **President/Director**
1.3 STREET ADDRESS **Stephen A. Butterfield**
1.4 CITY-ST-ZIP **3251 NW 171 Street**
Miami, Fl. 33056 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Azariah Notice**
3.4 CITY-ST-ZIP **420 NE 55 Terrace**
Miami, Fl. 33137 ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen A. Butterfield **STEPHEN A. BUTTERFIELD**

Date

Daytime Phone #

7/29/98 **305-409-0769**

CR2E037 (10/97)