

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000054416 (7)

1. Corporation Name

BACK IN ACTION REHABILITATION SPECIALISTS, INC.

Principal Place of Business

510 N.W. 207TH AVE.  
PEMBROKE PINES FL 33029

Mailing Address

510 N.W. 207TH AVE.  
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

65-0762255

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

21 1401 SW 107th Ave

Suite, Apt. #, etc.

22 St 301 E

City & State

23 Miami, FL

24 33174

25 Dade

2a. Mailing Address

26 1401 SW 107 Ave

Suite, Apt. #, etc.

27 St. 301 E

City & State

28 Miami, FL

29 33174

30 Dade

9. Name and Address of Current Registered Agent

CHOI, RICARDO  
510 N.W. 207TH AVE.  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

Ricardo Choi

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

510 N.W. 207 Ave

83

Pembroke Pines FL 33029

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

1/9/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
HERNDON, MICHAEL  
STREET ADDRESS 510 N.W. 207TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME D  
MARINEZ, DILCIA  
STREET ADDRESS 510 N.W. 207TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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

Dilcia MARINEZ 4/5/98 (305) 552-5131

CR2E034 (10/97)