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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90298 022 ***600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058328

1. Corporation Name

~~PRIORITY REHABILITATION & HEALTH CARE CENTER, INC.~~
~~6.~~

~~THERAPEUTIC REHABILITATION CENTERS IV, INC.~~
Principal Place of Business Mailing Address

12121 PEMBROKE ROAD
PEMBROKE PINES FL

12121 PEMBROKE ROAD
PEMBROKE PINES FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0764881

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.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

LEVINE, MICHAEL
9874 NW 6 COURT
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

James N. Reyer

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

5301 N. Federal Highway

83

Suite 200

84 City

Doca Raton

FL

85 Zip Code

33487

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 LEVINE, MICHAEL
STREET ADDRESS 9874 NW 6 COURT
CITY-ST-ZIP PLANTATION FL 33324

TITLE PDST ☐ DELETE
NAME Martin Tschanz
STREET ADDRESS 4488 N. University Drive
CITY-ST-ZIP Lauderhill, FL 33351

TITLE ☐ DELETE
NAME Charles Dinsmore III
STREET ADDRESS 4488 N. University Drive
CITY-ST-ZIP Lauderhill, FL 33351

TITLE D ☐ DELETE
NAME Alexander Kuntz
STREET ADDRESS 4488 N. University Drive
CITY-ST-ZIP Lauderhill, FL 33351

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 954-746-0353

Date

Daytime Phone #

CR2E034 (1/98)