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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Katherine Harris Secretary of State Secretary of State

02-23-1999 90002 032 ***150.00

DOCUMENT # P9700062138

1. Corporation Name

REHAB INNOVATIONS INC.				<u></u>		
HEHAD					1 (CANADA) (10 1811) (186) (1861) (1814) (186)	18 81818 1188 1188 1188 1188 1188 188
Principal Place	e of Business	Mailing Address	•		I (COLLOC) the ISHIC HERLI SELII CONTRACTION	10 Bitti tibût tigan tilat têst sant
1111 SW 14TH ST 1111 SW 14TH ST						
BOCA RATON FL 33486 BOCA RATON FL 33486					DO NOT WRITE IN TH	IC CDACE
					3. Date Incorporated or Qualifed	13 SFACE
					07/16/1997	
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-07737 <u>6</u> 1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_	\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & Stat	te	City. & State			- 6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Country			Intangible
25 29		29	9 30		Personal Property Tax.	ŬYes ☑No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registere	d Agent
			81	Name		
BASS, STEVEN M			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
1111 SW 14TH ST			<u> </u>			
BOCA RATON FL 33486			83		•	
			84	City	F	85 Zip Code
					•	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was auti	norized by	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D DAGO OTTUTAL	□ occert	12 NAME		,	
NAME	DAGG, OTEVEN			TADDRESS		
STREET ADDRESS	1111 011 14111 01					
CITY-ST-ZIP	- Wasters		1.4 CITY-5 2.1 TITLE	51.217		☐ Change ☐ Addition
TITLE			2.2 NAME			_ , _
NAME	Zaborowski, abel 1111 Sw.:14Th St		2.3 STREET ADDRESS			
STREET ADDRESS	BOCA RATON FL 33486		2.4 CITY-	l l		
CITY-ST-ZIP			3.1 TITLE	\$1-ZJP		Change Addition
TITLE			3.2 NAME			
NAME	AAAA OM AATIL OT			T ADDRESS		Ì
STREET ADDRESS	BOCA RATON FL 33486		3.3 STREE			
CITY-ST-ZIP	BUCK FATUR FL 33400	☐ DELETÉ	41 TITLE	G1-ZIF		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
STREET ALUKESS	.,		= OPPICE			

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 typicate 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 attachpoint with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

□ DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

☐ Addition