FILED
Oct 01 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 # P9M00066446

1. Corporation Name

Progressive Rehab Services, Inc

Principal Place of Business	Mailing Address
2190 NW 7th Street Miami, FL 33125	

DO NOT WRITE IN THIS SPACE
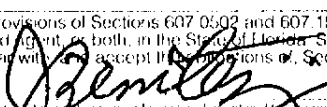
3. Date Incorporated or Qualified August 15, 1997

4. FEI Number 65-077-3832 | 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	2a. Mailing Address	26	
Suite, Apt #, etc.	22	Suite, Apt. #, etc.	27	
City & State	23	City & State	28	
Zip	24	Country	25	Zip	29	Country	30

9. Name and Address of Current Registered Agent

Kenneth A. Charles CPA
17813 NW 16 Street
Pembroke Pines, FL 33029

10. Name and Address of New Registered Agent

81 Name Juan F. Benitez, CPA; PA.
82 Street Address (P.O. Box Number is Not Acceptable) 2381 S.W. 80th Court
83 Miami, Florida
84 City Miami FL 85 Zip Code 33155

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 _____ 8/18/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE Administrator ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME Anne McCormick	1.2 NAME
STREET ADDRESS 13209 NW 16 Street	1.3 STREET ADDRESS
CITY-ST-ZIP Pembroke Pines, FL 33028	1.4 CITY-ST-ZIP
TITLE Asst Administrator ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME Earl Nottage	2.2 NAME
STREET ADDRESS 10825 SW 152 Terr	2.3 STREET ADDRESS
CITY-ST-ZIP Miami, FL 33157	2.4 CITY-ST-ZIP
TITLE Program Director ☐ DELETE	3.1 TITLE ☐ Change
NAME Nibia Binett	3.2 NAME
STREET ADDRESS 10346 SW 20 Street	3.3 STREET ADDRESS
CITY-ST-ZIP Miramar, FL 33025	3.4 CITY-ST-ZIP
TITLE Facility Coordinator ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME Lucie Robertaille	4.2 NAME
STREET ADDRESS 8701 SW 14th Street	4.3 STREET ADDRESS
CITY-ST-ZIP Pembroke Pines, FL 33025	4.4 CITY-ST-ZIP
TITLE Asst Facility Coordinator ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME Simone James	5.2 NAME
STREET ADDRESS 6025 SW 152 Ave	5.3 STREET ADDRESS
CITY-ST-ZIP Miramar, FL 33027	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

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***158.75

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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 Anne McCormick 8/18/98 (305) 649-4616

Progressive Rehab Services
2190 NW 7th St.
Miami, Fla. 33125

Department of State

To Whom it May Concern :

Please be advised that Progressive Rehab Services, Inc. has not remitted annual fees for 1998. The annual report was remitted to 129 NE 167th Street in error as per your representative Ms. Debbie Mollie in a telephone conversation on August 12, 1998. We are requesting the state to waive the reinstatement fee of $500.00 since it was not our error.

Please update your records to show our address as Progressive Rehab Services, Inc. 2190 NW 7th St; Miami, Fla. 33125.

Enclosed is a check for $158.75 to include the $150.00 annual fee and $8.75 certification fee and the annual report for reinstatement.

If you have any questions, please call me at the telephone number (305) 649-4616.

Sincerely,

Anne McCormick, MS, PT
Administrator