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

TAMPA FL 33634

2a, Mailing Address

City & State

Zip

Suite, Apl. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998

TAMPA FL 33634

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Zip

2. Principal Place of Business

Suite, Apt. #, etc

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072550 (1)

HOMECARE REHAB SERVICES, INC.

8257 MALVERN CIRCLE	R257 MAI VERN CIRCLE
Principal Place of Business	Mailing Address

Country

s. Name and Address of Current Registered Agent

25

FILED
Apr 17 1998 8:00am
Secretary of State



GAROJA, AVELINO T 8257 MALVERN CIRCLE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** City 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 belts 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 write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am familiar write for the purpose of changing its registered agent. I am f GARLIA APRIL 1998 (NOTI : Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME GARCIA, AVELINO T 1.2 NAME 8257 MALVERN CIRCLE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE GARCIA, ELIZABETH A NAME 2.2 NAME 8257 MALVERN CIRCLE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change DELETE TITLE 3.1 TITLE Addition CHAFFEE, BERNADETTE NAME **3.2 NAME** 8257 MALVERN CIRCLE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE HAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

Country

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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 13 if changed, or on a participant with an address.

6.3 STREET ADDRESS

01011471107

STREET ADDRESS

CITY-ST-ZIP

VETTO TEADON

IR APRIL 1998

200 1100