

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

FILED  
May 19 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 # P97000076202 (5)

1. Corporation Name

NEW AGE REHABILITATIVE SERVICES, INC.



Principal Place of Business

Mailing Address

5384 W 16TH AVE  
HIALEAH FL 33012

5384 W 16TH AVE  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

65-0778189

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CURIEL, MARIA  
5384 W 16TH AVE  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81

Name

ORESTE ALONSO

82

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

5384 W 16 AVE

83

84

City

Hialeah, FL

FL

85 Zip Code

33012

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

MARCH 26/98

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME ALONSO, ORESTE  
STREET ADDRESS 5384 W 16TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE DVS ☒ DELETE

NAME CURIEL, MARIA  
STREET ADDRESS 5384 W 16TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

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 DPTS ☐ Change ☐ Addition

1.2 NAME ORESTE ALONSO  
1.3 STREET ADDRESS 5384 W 16 AVE  
1.4 CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE DV ☐ Change ☒ Addition

2.2 NAME ROLANDO R. GONZALEZ  
2.3 STREET ADDRESS 5384 W 16 AVE  
2.4 CITY-ST-ZIP HIALEAH, FL 33012

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

11999426108 (245) 361 6669

CR2E034 (10/97)