

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90035 025 ***150.00

DOCUMENT # P97000086455

1. Corporation Name
SOUTHERN REHAB AND WELLNESS CENTER, INC.



Principal Place of Business Mailing Address
19 OLD MISSION AVE 19 OLD MISSION AVE
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

59-3470499

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 **4475 US 1 South**
Suite, Apt. #, etc.

22 **206**

City & State

23 **St. Augustine FL**

Zip Country

24 **32086** 25 **USA**

2a. Mailing Address

26 **4475 US 1 South**

Suite, Apt. #, etc.

27 **206**

City & State

28 **St. Augustine FL**

Zip Country

29 **32086** 30 **USA**

9. Name and Address of Current Registered Agent

PIERCE, NATALIE
19 OLD MISSION AVE
ST AUGUSTINE FL 32084

81 Name

Garry R Spear, ESQ

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

5455 N. Federal Highway

83

Suite 1

84 City

Boca 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 **GARRY R SPEAR,**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **DURDEN, CYNTHIA W**
STREET ADDRESS **19 OLD MISSION AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **D** ☒ DELETE
NAME **PIERCE, NATALIE**
STREET ADDRESS **19 OLD MISSION AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **D** ☐ DELETE
NAME **JACK F. LEWIS**
STREET ADDRESS **4272 SW 78 Drive**
CITY-ST-ZIP **DAVIE, FL 33328**

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 **D** ☐ Change ☒ Addition
1.2 NAME **JACK F. LEWIS**
1.3 STREET ADDRESS **4272 SW 78 DRIVE**
1.4 CITY-ST-ZIP **DAVIE, FL 33328**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **GLENN DINOFR**
2.3 STREET ADDRESS **2751 OAK PARK CIRCLE**
2.4 CITY-ST-ZIP **DAVIE, FL 33328**

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

Date

Daytime Phone #

JACK F. LEWIS **1/20/99** **954-581-1122**

CR2E034 (11/98)