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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088138 (7)

**AMERICA REHABILITATION SERVICES INC.** 

## **FILED** May 14 1998 8:00am Secretary of State

						11	
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	- 1001/1001 140 101/1 0001 001/1 001/1 601/1 601/1 601/1 101/1 101/1 101/1 101/1 101/1 101/1 101/1		
10665 S.W. 76TH TERRACE 10665 S.W. 76TH TERR			CE				
MIAMI FL 33173 MIAMI FL 33173							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
2. Principal Place of Business 2e. Mailing Address					10/17/1997 4. FEI Number Applied		
21		26. Walling Address					
Suite, Ap	1. # etc.	Suite, Apt. #, etc.	uile Ant # etc		65-0789898 Not Appl		
22		27			5. Certificate of Status Desired Fee Regulred	1	
City & State		City & State			6. Election Campaign Financing \$5.00 May E		
23		28			Trust Fund Contribution Added to Fee		
Zip	Country Z <sub>(p</sub>		Country		8. This corporation owes or has paid the current year Intengible		
24	25 29		30	Personal Property Tax due June 30. 💹 Yes 🗌 No		·	
	9. Name and Address of Curren	10. Name and Address of New Registered Agent					
R	ODDAM, MARIE		81	Name			
10665 S.W. 76TH TERRACE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33173					,		
			83			l	
			64	City	85 Zip Code		
				,	<b>              </b>	:	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above- office or registered agent, or both, in the State of Florida, Such change was authorized by t</li> </ol>					poration submits this statement for the purpose of changing its register. I hereby accept the appointment as register.	tered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE							
12.	Signature, typed or printed name of registered age		Registered Age	ent ergnature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE			1.1 TITLE			ddition	
NAME	RODDMAN, MARIE		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY - ST - ZIP			]	
TITLE	1	DELETE	2.1 TITLE		☐ Change ☐ A	ddition	
NAME		2.2 %			_ · <u>-</u>		
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			ļ	
TITLE		DELETE	ELETE 3.1 TITLE		☐ Change ☐ A	ddition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ DELETE 4.		4.1 TITLE		Change A	ddition	
NAME			4. 2 NAME			1	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		L] Change L] A	ddition	
NAME	<b>1</b>		5.2 NAME			,	
STREET ADDRESS	<b>1</b>		5.3 STREET				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ddition	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ A	ddition	
NAME CERRET ADDRESS			6.2 NAME	*********			
STREET ADDRESS			6.3 STREET	-			
CITY-ST-ZIP	certify that the information synalized wi	th this films dose not qualify to	6.4 CITY-S		Section 110 07/9Vi) Florida Statutos Liuribor certifu that the inform	ation	

indicated on this annual report or supplied will this litting does not quality 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.

4/20/00