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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000103660**1. Corporation Name

FORT LAUDERDALE SPINE & REHABILITATION CENTER, I

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90068 040 ***150.00



| Principal Place | e of Business | Maining Ac | | | | | | | |
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| 100 W. CYPRES | SS CREEK RD | 100 W. CYI | PRESS CREEK RD | | | | | | - , |
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| FT LAUDERDALE FL 33309 | | ft laudef | FT LAUDERDALE FL 33309 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 12/09/1997 | | | |
| 2 Principal Di | lace of Business | 2a. Mailing | a Address | | | 4. FEI Number | | Ac | plied For |
| 2. Principal Place of Business | | — ` | Hi v | | | 65-0818220 | | _ | ot Applicable |
| 21 | | 26 | A=4 # ata | | | 00 00 10220 | · · · · · · · · · · · · · · · · · · · | | Additional |
| Suite, Apt. #, etc. | | <u> </u> | Suite, Apt. #, etc. | | | 5. Certifcate of Status I | Desired 🔲 | Fee Re | |
| 22 | | 27 | | | | | | | <u> </u> |
| City & State | e | City & | State | | • | 6. Election Campaign F | Financing | | May Be |
| 23 | * | 28 | | | | Trust Fund Contribut | tion | Added | to Fees |
| Zip | Country | Zip | " | Country | | 8. This corporation owe | es the current year In | tangible | / |
| | 25 | 29 | 30 | 7 | | Personal Property T | ax. | ☐ Yes | I Mo ∣ |
| 24 | 9. Name and Address of Curre | 11 | | - | A | 10. Name and Address | | Agent | |
| | 9. Name and Address of Cutte | | | 81 | Name | | | | |
| En iv | | | | [**] | | | | | |
| 1101 | NGS, INC. N.W. 16TH STREET | 431,15 | 1997 | 82 | Street Addr | ess (P.O. Box Number is N | lot Acceptable) | | l |
| 3/32 | IN:W. IDIN DINCEL | | | | | 1278-23-1-31-20 | 441 AND SET PERSONS | PERSONAL SALES | 6 7414 (P.) (1984 6 7414 (P.) (1984 |
| 2002 FT. I | LAUDERDALE FL 33311-4132 | | • | 83 | | 。數學情報 | | | |
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| 11. Pursuant | to the provisions of Sections 607.05 | ου and 607.150δ a of Florida Such | o, rionda Statutes, h change was auth | , une above norized by | the corporation | on's board of directors. I he | reby accept the appo | intment as re | egistered ' |
| agent l'a | | ,uu. ouol | | | | | | | i |
| | m familiar with, and accept the oblig | ations of, Section | n 607 0505, Florida | a Statutes | - | | | | · |
| | to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | ations of, Section | n:607.0505, Florida | a Statutes | - | | | _ | · , |
| SIGNATURE | | | | | | d when reinstating) | DATE | | |
| | Signature, typed or printed name of registered ag | | le. (NOTE: Re | | | | DATE | ND DIRECTO | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable | le. (NOTE: Re | egistered Agen | | d when reinstating) | DATE | | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered ag OFFICERS A | ent and title if applicable | le. (NOTE: Re | 13. | | d when reinstating) | DATE | ND DIRECTO | ORS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ag OFFICERS A D APPLETON, PHILLY | ent and title if applicabl | le. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME | nt signature required | d when reinstating) | DATE | ND DIRECTO | ORS IN 12 |
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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 suppliemental 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 on the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changes, or only a attachment with an address, with all other like empowered.

SIGNATURE