

## PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90050 009 \*\*\*150.00

DOCUMENT # P980  1. Corporation Name BROWARD REHAB ASSOCIATION						
Principal Place of Business	Mailing Address		[ (641)61) HA Ideas (511) additional activities	Mar (69(1 agres 1971) a	#14f #111 14 #1	
7378 WEST ATLANTIC BLVD.	7378 WEST ATLANTIC BLVD.		- 1			
#312	#312		DO NOT WRITE IN TH	JIS SDACE		
MARGATE FL 33063	MARGATE FL 33083		3. Date Incorporated or Qualifed	HO OF ACE	· · · · · · · · · · · · · · · · · · ·	1
			02/02/1998			ļ
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Ø App	led For	1
21	26		***************************************	<del></del>	Applicable	1
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 A	dditional	]
22	27		5. Certifcate of Status Desired	Fee Red	uired	
City & State	City & State		8. Election Campaign Financing	\$5.00.N	•	-
23	28	Country	Trust Fund Contribution	Added to	P985	
Zip Country	Zip	. Cooling	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>		□No	Į
24 25	29 3 Current Registered Agent	901	10. Name and Address of New Registers			1
D. HEINE DIE FORGES OF	Content (Cognocorres 118011)	81 Name				
MCCOY, KEVIN		82 Street Ad	dress (P.O. Box Number is Not Acceptable)			ł
7378 WEST ATLANTIC BLVD		62 Sileer Au	diess (P.O. Box Number is Not Acceptable)			
#312	•	83				
MARGATE FL 33063	_	84 City		. 85 Zip Ci	ode	ł
		'	<u>.</u> ,			
11. Pursuant to the provisions of Sections of office or registered agent, or both in the agent. I am familiar with, and accept the	07.0102 and 607.1508, Florida Statutes e State of Florida. Such change was aut pobligations of, Sectlop 607.0505, Florid	the above-named con horized by the corpora da Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its repointment as regi	egistered istered	
SIGNATURE	V — X	legistered Agent signature requi				_
Signature, typed or printed name of region	tered agent and title if agblicable. (NOTE: R					
	DE AND DIDEPTORS			AND DIRECTOR	S IN 12	86
TIDE (VA.C	ERS AND DIRECTORS	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	11/98
TIDE (VA.C	☐ DELETE	13.			RS IN 12	34 (11/98
TIDE (VA.C	☐ DELETE	13. 1.1 TITLE			RS IN 12	E034 (11/98
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TIDE (VA.C	he blud #312	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			RS IN 12 Addition	CR2E034 (11/98)
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use report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a fusitee smpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in high that any name appears in the statute of the st indicated on this annual report or supplemental and officer or director of the corporation or tile goesiver of Block 12 or Block 13 if changed, or on an attachment

SIGNATURE: \_