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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000080110**

1. Corporation Name
NATIONWIDE REHAB SOLUTIONS INC.

[redacted]

Principal Place of Business	Mailing Address
48 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695	48 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1998

2. Principal Place of Business	2a. Mailing Address
21 12903 MIA CIRCLE	26 12903 MIA CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LARGO, FL	City & State 28 LARGO, FL
Zip 24 33774 Country 25 US	Zip 29 33774 Country 30 US

4. FEI Number 353150 59-[redacted] ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

LINDAHL, WILLIAM
48 HARBOR OAKS CIRCLE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: DALE R. SCHUTZE
82 Street Address (P.O. Box Number is Not Acceptable)
83 12903 MIA CIRCLE
84 City: LARGO FL 85 Zip Code: 33774

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] 4/26/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing/reviving) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DALE R. SCHUTZE 12903 MIA CIRCLE LARGO, FL 33774	☐ DELETE 100%	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Ad

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] DALE R. SCHUTZE 4/26/99 727 593 3410
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #