

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90246 023 ***150.00

DOCUMENT # P98000089918

1. Corporation Name

THE QUANTUM REHABILITATION GROUP, INC.



Principal Place of Business

1717 NORTH FLAGLER DRIVE
SUITE 3
WEST PALM BEACH FL 33407

Mailing Address

1717 NORTH FLAGLER DRIVE
SUITE 3
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1998

2. Principal Place of Business

21 5912 Okeechobee Blvd.,

Suite, Apt. #, etc.

22 City & State
23 West Palm Beach, Florida

Zip Country

24 33417

25

2a. Mailing Address

26 5912 Okeechobee Blvd.,

Suite, Apt. #, etc.

27 City & State
28 West Palm Beach, Florida

Zip Country

29 33417

30

4. FEI Number

65-0870346

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Carmen Peterson

82 Street Address (P.O. Box Number is Not Acceptable)
5912 Okeechobee Blvd.

83

84 West Palm Beach

FL

85 Zip Code
33417

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4/9/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, A R
STREET ADDRESS 1717 NORTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ DELETE

TITLE VD
NAME ALOSIO, DONALD T JR.
STREET ADDRESS 1717 NORTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ DELETE

TITLE STD
NAME PETERSON, CARMEN
STREET ADDRESS 1717 NORTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 Carmen Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/9/99

DAYTIME PHONE #
561-697-8800

CR2E034 (1/98)