

PROFIT
CORPORATION
ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

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DOCUMENT #	P98000097422

MELBOURNE CENTER FOR INCONTINENCE REHAB, INC.

Principal Place	e of Business	Mailing Address							18 (1814 1121 1241	
4285 WOOD HAVEN DRIVE 4285 WOOD HAVEN DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935					DO NOT WRIT	E IN TH	-IS SPACE			
						3. Date II-corporated or Qualifed 11/18/1998		5 <u>5</u>		
	Place of Business N. Wickhan Rd	2a. Mailing Address 26 4285 W20	al k	kven.	<u></u>	4. FEI NLMber 59 - 3542590	Por		pried For lot Applicable	-
Suite, Ant.	#, etc.	Suite, Apt. #, etc.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=2_	5. Certifc ate of Stalus Desired	0		Additional lecuired	1
22 5 U. City & S:al		City & State	70	FL		6, Election Campaign Financing Trust Fund Contribution			May Be	
Zip Zip Zit*	Country US	Zip	Coun	try S		This corporation owes the curre Persor at Property Tax.	nt year	ntangible Yes	1246	
271 /25	9. Name and Address of Current	,				10. Name and Address of New R	egister	ed Agent		4
				81 Name						
JACKSON, SUSAN L 4285 WOOD HAVEN DRIVE				82 Street A	Ac dre	ss (P.O. Bo» Number is Not Accepta	ble)			7
MEL	BOURNE FL 32935		ļī	83						1
			}	B4 City				. 85 Zip	Cxde	7
								<u>L</u>	olatored	4
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or bo h, in the State of	2 and 607.1508, Florida Statutes 2 Florida, Such chappe was aut	, the ab horized i	ove-named of by the corpo	oc rpo	ration submits this statement for the i n's board of (lirectors, I hereby accep	purpose t the ap	ointment as re	s ragistered eg stered	
agent. I a	im familiar with, and accept the policial	ions of, Section bur. Joua, Financ	ta Statul	es.			1.	149		
SIGNATURE	Susan L. JAIL				= = T	when reinstating)	DATE.	111		_
12.	Signature, typed or printed ne ne of registered agen OFFICERS AN		t3.	Our adverse ve		ADDITIONS/CHANGES TO OFF	ICERS	AND DIRECT	OF:S IN 12	_
TITLE	President + SKUR		1.1 TITL	E				☐ Change	Addition	ין יַ
NAME	Shapp Jackson	(1.2 NAA	AE						2
STREET ADDRESS	Shan Jackson 4285 Wood Have	ישר _	1.3 STR	EET ADORESS						إ
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14. I hereby certify that the information supplied with this filing does not qualify five 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 receive or 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.

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SIGNATING AND TYPED OR PRINTED HAME OF SIGNING OFFICE TOR DIRECTOR

H26199 (4

(407) 255-3100

Duytme Phone #

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