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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000104517

LAKE PLACID CARDIAC REHAB CENTER, INC.

Principal Place of Business

Mailing Address

201 U.S. HIGHWAY 27 SOUTH LAKE PLACID FL 33852

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90094 047 ***150.00



201 U.S. HIGHWAY 27 SOUTH LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/10/1998 (EIN # Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROA, DORIE C R.N. Street Address (P.O. Box Number is Not Acceptable) 201 U.S. HIGHWAY 27 SOUTH 1 AKF PLACID FL 33852 83

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change Addition 1.1 TITLE TITLE ROA, DORIE C R.N. 1.2 NAME NAME 201 U.S. HIGHWAY 27 SOUTH 1.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE [Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CMY-ST-ZIP CITY-ST-ZIF Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY-ST-ZIP 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 supplied with his litting does not quality for the exemption stated in Section 1.18.07(5)(f), Fronda Statutes. I further certify that the 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, of an attachment with an applicase, with all other like empowered.

SIGNATURE:

CR2E034 (11/98

85 Zip Code