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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000108254 1. Corporation Name THE REHAB PLACE AT INVERRARY INC.			
Principal Place of Business 3800 INVERRARY BLVD. LAUDERHILL FL 33319		Mailing Address 3800 INVERRARY BLVD. LAUDERHILL FL 33319	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Sube, Apt. #, etc. 22 City & State 23 Zip Country		3. Date Incorporated or Qualified 12/30/1998 4. FEI Number 65-0898420 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	
24 25 26 27 28 29 30		31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code	
9. Name and Address of Current Registered Agent GARCIA, LUIS D 3800 INVERRARY BLVD. LAUDERHILL FL 33319		10. Name and Address of New Registered Agent	
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 607.0503, Florida Statutes. SIGNATURE <u>Luis Garcia, President</u> DATE <u>3-30-99</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS TITLE ☐ DELETE NAME President STREET ADDRESS Luis D. Garcia CITY-ST-ZIP 8021 NW 121 Ave. Plantation, FL 33323		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)(f), 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 REQUIRED

04/28/99

(954) 747 8836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #