

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11553 (2)

1. Corporation Name

NATIONAL REHAB OF FLORIDA, INC.



Principal Place of Business

11681 49TH STREET NORTH, STE 15
CLEARWATER FL 34622

Mailing Address

1300 RT 73
SUITE 205
MT LAUREL NJ 08054
US

3. Date Incorporated or Qualified

11/06/1990

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

BURLINGTON

4. FEI Number

59-3131743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAKOL, DARYL
3021 MOCKINGBIRD CT.
CLEARWATER FL 34622

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

PD
PAOTER, CRAIG
715 BRANDYWINE DR
MOORESTOWN NJ

1.2 TITLE ☐ DELETE

ST
BROWN, JACK
511 S 18TH ST
PHILADELPHIA PA

1.3 TITLE ☐ DELETE

ST
BROWN, JACK
511 S 18TH ST
PHILADELPHIA PA

1.4 TITLE ☐ DELETE

ST
BROWN, JACK
511 S 18TH ST
PHILADELPHIA PA

1.5 TITLE ☐ DELETE

ST
BROWN, JACK
511 S 18TH ST
PHILADELPHIA PA

1.6 TITLE ☐ DELETE

ST
BROWN, JACK
511 S 18TH ST
PHILADELPHIA PA

1.7 TITLE ☐ DELETE

ST
BROWN, JACK
511 S 18TH ST
PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
PORTER, CRAIG
715 BRANDYWINE DR.
MOORESTOWN, NJ 08057

1.2 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☒ Addition

D
S. LAURENCE SHALMAN
1411 WALNUT ST., STE 1015
PHILADELPHIA, PA 19102

2.2 TITLE ☐ Change ☒ Addition

D
DON AYERS
6125 MEMORIAL DRIVE
DUBLIN, OHIO 43017

2.3 TITLE ☐ Change ☒ Addition

D
LANCE POULSEN
6125 MEMORIAL DRIVE
DUBLIN, OH 43017

2.4 TITLE ☐ Change ☒ Addition

D
REBECCA PARRETT
6125 MEMORIAL DRIVE
DUBLIN, OHIO 43017

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK N BROWN

4-30-96

Date

609 778 1166

Daytime Phone #

CR2E034 (12/95)