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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90143 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11553

1. Corporation Name

NATIONAL REHAB OF FLORIDA, INC.

Principal Place of Business

11681 49TH STREET NORTH, STE 15
CLEARWATER FL 34622

Mailing Address

NATIONAL REHAB OF FLORIDA, INC
P O BOX 5050 (55 CARNEGIE PLAZA)
CHERRY HILL NJ 08034-050
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1990

4. FEI Number

59-3131743

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

2. Principal Place of Business

21 8727 BECKINGHAM PLACE

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 ORLANDO FLORIDA

FLORIDA

24 32836 25

Zip

Country

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

SAKOL, DARYL
3021 MOCKINGBIRD CT.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

SAKOL, DARYL

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

8727 BECKINGHAM PLACE

83

84 City

ORLANDO

FL

85 Zip Code

32836

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PORTER, CRAIG
STREET ADDRESS P O BOX 5050 (55 CARNEGIE PLAZA)
CITY-ST-ZIP CHERRY HILL NJ 08034-5050

☐ DELETE

TITLE ST
NAME BROWN, JACK
STREET ADDRESS P O BOX 5050 (55 CARNEGIE PLAZA)
CITY-ST-ZIP CHERRY HILL NJ 08034-5050

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(609)

470-2100

CR2E034 (11/98)