

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S49047 (1)

1. Corporation Name

ASSOCIATIVE REHABILITATION (USA), INC.



Principal Place of Business

Mailing Address

**422 W. FAIRBANKS AVE.
STE. 204
WINTER PARK FL 32789
US**

**474 KING ST.
LONDON ONTARIO
CANADA N6A4G9**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ALBA, RUSSELL T
201 N FRANKLIN STREET
SUITE 2100
TAMPA FL 33602**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/01/1991

3a. Date of Last Report

06/27/1995

4. FET Number

59-3075551

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and for signature

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DOYLE, RICHARD

STREET ADDRESS

422 WEST FAIRBANKS AVE., SUITE 204

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

D

☐ DELETE

NAME

CAMPBELL, JAMES

STREET ADDRESS

422 WEST FAIRBANKS AVE., SUITE 204

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

D

☐ DELETE

NAME

GRAM, JOANNE

STREET ADDRESS

422 WEST FAIRBANKS AVE., SUITE 204

CITY - ST - ZIP

WINTER PARK FL 32789

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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)(d), 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 this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Campbell - Director

April 26/96

(519) 673-4811

CR2E034 (12/95)