

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # 578084

1. Corporation Name

Rehab Consultants of Florida, Inc.

Principal Place of Business

Mailing Address

10460 Roosevelt Blvd.
Suite 296
St. Petersburg, FL 33716-3818

Same

3. Date Incorporated or Qualified

09/03/1991

3a. Date of Last Report

01/23/96

4. FEI Number

58-1963475

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Grayson Gentzel
292 Hermosita Dr.
St. Petersburg, FL 33706

81. Name

Grayson S. Gentzel

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

9720 Executive Center Drive North

83.

Suite 214

84. City

St. Petersburg

FL

85. Zip Code

33702

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 resigning)

Grayson S. Gentzel

04/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

Director

☐ DELETE

NAME

Grayson S. Gentzel

STREET ADDRESS

292 Hermosita Dr.

CITY-ST-ZIP

St. Petersburg, FL 33706

TITLE

Director

☐ DELETE

NAME

Joseph B. Gentzel

STREET ADDRESS

131 Galilee Church Rd.

CITY-ST-ZIP

Jefferson, GA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

Director

☒ Change

☐ Addition

1.2 NAME

Grayson S. Gentzel

1.3 STREET ADDRESS

9720 Executive Center Dr. N., Suite 214

1.4 CITY-ST-ZIP

St. Petersburg, FL 33702

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

500002178905

-05/14/97--01111--015

***165.00

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grayson S. Gentzel

04/30/97

Date

Daytime Phone #

CR2E034 (9/96)