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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S92337 (2)  
1. Corporation Name  
FLETCHER REHABILITATION ASSOCIATES, INC.



Principal Place of Business  
7491 N. FED. HWY  
C-2  
BOCA RATON FL 33487  
US

Mailing Address  
7491 N. FED. HWY.  
C-2  
BOCA RATON FL 33487-1624  
US

3. Date Incorporated or Qualified  
11/06/1991

3a. Date of Last Report  
04/10/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number  
65-0297724

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

FLETCHER-JONES, INA  
427 N.E. SOLIDA CIRCLE  
PORT ST. LUCIE FL 34983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
2836 N.E. 33RD ST.

83

84 City Lighthouse Pt. FL 85 Zip Code 33064

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 *Ina Fletcher-Jones, Pres* 2/25/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                | STREET ADDRESS           | CITY - ST - ZIP     | DELETE                              |
|-------|---------------------|--------------------------|---------------------|-------------------------------------|
| P     | FLETCHER-JONES, INA | 2836 N.E. 33RD ST.       | LIGHTHOUSE POINT FL |                                     |
| VP    | RONALD BRODKIN      | 7491 N. FEDERAL HWY, C-2 | BOCA RATON FL       | <input checked="" type="checkbox"/> |
|       |                     |                          |                     | <input type="checkbox"/>            |
|       |                     |                          |                     | <input type="checkbox"/>            |
|       |                     |                          |                     | <input type="checkbox"/>            |
|       |                     |                          |                     | <input type="checkbox"/>            |
|       |                     |                          |                     | <input type="checkbox"/>            |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Ina Fletcher-Jones* 2/25/97 (954) 946-0503  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)