ANNUAL	OFIT DRATION REPORT		FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State					
CUME orporation Na	ENT #	V28740	(1)						
•	RN REHAB,	INC.							
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verness fl 34450 S			C Inverness fl 34450 Us			3. Date incorporated or Qualified 04/08/1992	d 3a.	Date of Last 04/03/1	1995
rincipal Place	of Business		2a. Mailing Address	, 25 /		4. FEI Number 59-3118280			Applied For Not Applicable
11 21 Juite, Apt. #, 6		AUB	26 // 2/ 5 W Suite, Apt. #, etc.	1_1_	108	5. Certificate of Status Desired			75 Additional se Required
			27 City & State			6. Election Campaign Financing		\$5	.00 May Be
city & State	A F	4	28 OCALA	FL		Trust Fund Contribution  8. This corporation has liability			ided to Fees
io		country	29 20474	Count	SA	Florida Statutes 💢	Yes 🔲 N	ło	
3447	9. Name and	US A Address of Current F			II Name	10. Name and Address of Ne	w Registe	ered Agent	
					1	iress (P.O. Box Number is Not Accep	otable)		
QUINCEY, JAMES S. 111 SE 1ST AVE					Street Add	Iress II .O Bex Harris			
	ST AVE								
111 SE 1	IST AVE ILLE FL 32601	1		6	33			Tari	Zio Codo
111 SE 1 GAINESVI	the provisions of	f Sections 607,0502 a	nd 607.1508, Florida Statute Such change was authoriz n 607.0505, Florida Statutes	es, the aboved by the co	B4 City	oration submits this statement for the and of directors. Thereby accept the		FL 85 of changing ent as regist	Zip Code its registered off ered agent. I am
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