

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001451482E
-05/19/95 -01077 -005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
DADE REHAB PROFESSIONALS CO. P.A.

DOCUMENT #
V39339 (9)

Mailing Address
9764S.W. 148 CT.
MIAMI FL 33196

Principal Place of Business
9764S.W. 148 CT.
MIAMI FL 33196

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

3. Date Incorporated or Qualified
05/28/1992

3a. Date of Last Report
09/28/1993

4. FEI Number
65-0336211

5. Certificate of Status Desired
\$8.75 ☐ Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HASHMI, NASIM
9764 SW 148 CT.
MIAMI FL 33196

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D	1.1 NAME	HASHMI, NASIM	1.1 TITLE		1.1 NAME	
1.2 NAME	HASHMI, NASIM	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	9764 SW 148 CT.	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	MIAMI FL 33196	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE	S/D	2.1 NAME	HASHMI, MARATIB A.	2.1 TITLE		2.1 NAME	
2.2 NAME	HASHMI, MARATIB A.	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	9764 SW 148 CT.	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	MIAMI FL 33196	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 NAME		3.1 TITLE		3.1 NAME	
3.2 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 NAME		4.1 TITLE		4.1 NAME	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 NAME		5.1 TITLE		5.1 NAME	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 NAME		6.1 TITLE		6.1 NAME	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unexpired corporate taxes imposed by Chapter 217, Florida Statutes, 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 or Chapter 617, 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

DATE

CHIEF CLERK