

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V42895

1. Entity Name

LINK REHAB, INC.



Principal Place of Business

913 MISSION HILL ROAD
BOYNTON BEACH FL 33435
US

Mailing Address

913 MISSION HILL ROAD
BOYNTON BEACH FL 33435
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0340521

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHEAL J. LINKOVICH
913 MISSION HILL ROAD
BOYNTON BEACH FL 33435

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE D
NAME LINKOVICH, MICHAEL J.
STREET ADDRESS 913 MISSION HILL ROAD
CITY - ST - ZIP BOYNTON BEACH FL 33435

☐ Delete

TITLE S
NAME GESTES-LINKOVICH, FRANCINE
STREET ADDRESS 913 MISSION HILL ROAD
CITY - ST - ZIP BOYNTON BEACH FL 33435

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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

U00000028470
02/04/04-80026-011 158.75

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHEAL J. LINKOVICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 (561) 374-5408

Date

Daytime Phone #