

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000084233 (0)

1. Corporation Name
COLUMBUS REHAB, INC.



Principal Place of Business
2929 E. COMMERCIAL BLVD., STE. 306
FT. LAUDERDALE FL 33308

Mailing Address
2929 E. COMMERCIAL BLVD., STE. 306
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/29/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3724-A Olentangy River Rd		26 Suite, Apt. #, etc.		58-2376696		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
23 Columbus, Ohio		28		Trust Fund Contribution		☐	
24 Zip		25 Country		8. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30. ☒ Yes ☐ No	
24 43214		25 Franklin		29		30	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
LEONARD K. SAMUELS, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
BERGER DAVIS & SINGERMANN
83
100 N.E. 3RD AVE., #400
84 City
FORT LAUDERDALE FL 85 Zip Code
33301

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 *Leonard K. Samuels*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/30/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

4-4-48 954-938-3220

CR2E034 (10/97)