

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:11

DOCUMENT # L93246 (1)

1. Corporation Name
HAND REHABILITATION CENTER OF GAINESVILLE, INC.

Principal Place of Business Mailing Address
720 S.W. 2ND AVENUE SUITE 370 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/16/1990** 3a. Date of Last Report **01/28/1994**

2. Principal Place of Business 2b. Mailing Address 4. FEI Number **59-3021507** Applied For Not Applicable

22. State, Apt. #, etc. 27. State, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 25. Country 29. Zip 30. Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent **HOLT, WENDY 720 S.W. 2ND AVENUE SUITE 370 GAINESVILLE FL 32601** 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.061(2) 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 Sections 607.061(2) and 607.1508, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	P HOLT, WENDY	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	8310 NW 4TH PLACE	2. STREET ADDRESS	
3. CITY	GAINESVILLE FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	V WINIKOR, NANCY	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	6424 NW 85TH TERRACE	5. STREET ADDRESS	
6. CITY	GAINESVILLE FL	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY		21. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.061(2) and 607.1508, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as if it were made under oath. 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 the 1995 or 1994 annual report or an attachment with an address.

SIGNATURE: *Nancy Winikor* NANCY WINIKOR 1/11/95 704 336-1637
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR