

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26164 (4)**

1. Corporation Name

MED-THERAPY REHABILITATION SERVICES, INC.



Principal Place of Business

Mailing Address

P O BOX 1429
HICKORY NC 28603-8429
US

P O BOX 1429
HICKORY NC 28603-8429
US

3. Date Incorporated or Qualified **09/25/1989** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 111 Westwood Place	26 111 Westwood Place
22 Suite 210	27 Suite 210
23 Brentwood, TN	28 Brentwood, TN
24 37027-5021	29 37027-5021
25 USA	30 USA

4. FEI Number **56-1120078** Applied For Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BEAVER, DONALD C.	
STREET ADDRESS	1331 4TH STREET, N.W.	
CITY-ST-ZIP	HICKORY NC	
TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, TOM I., II	
STREET ADDRESS	1331 4TH STREET, N.W.	
CITY-ST-ZIP	HICKORY NC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, EVANS	
STREET ADDRESS	1331 4TH STREET, N. W.	
CITY-ST-ZIP	HICKORY NC	
TITLE	AV	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, CYNTHIA J	
STREET ADDRESS	1345 4TH STR DR NW	
CITY-ST-ZIP	HICKORY NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dom Wortley	
1.3 STREET ADDRESS	789 E. South Temple, Suite 600	
1.4 CITY-ST-ZIP	Salt Lake City, UT 84111	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sidney Boone	
2.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
2.4 CITY-ST-ZIP	Houston, TX 77094	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	E.W. Frank	
3.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
3.4 CITY-ST-ZIP	Houston, TX 77094	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward L. Kuntz	
4.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
4.4 CITY-ST-ZIP	Houston, TX 77094	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	L.D. Williams	
5.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
5.4 CITY-ST-ZIP	Houston, TX 77094	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

Sandra B. Morham

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Morham - Secretary

4/10/96

Date

(713) 578-4600

Daytime Phone #

CR2E034 (12/95)