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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90027 038 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P26164

1. Corporation Name
MED-THERAPY REHABILITATION SERVICES, INC.



Principal Place of Business
 111 WESTWOOD PLACE
 SUITE 210
 BRENTWOOD TN 37027-021
 US

Mailing Address
 ONE RAVINIA DR
 STE 1500
 ATLANTA GA 30346
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/25/1989

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 owes the current year Intangible

Personal Property Tax. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEE D.	1.2 NAME	Whittle, Susan Thomas
STREET ADDRESS	15415 KATY FREEWAY, STE. 800	1.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, SYDNEY	2.2 NAME	Miele, Stefano M.
STREET ADDRESS	ONE RAVINIA DR, STE 1500	2.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY-ST-ZIP	ATLANAT GA 30346	2.4 CITY-ST-ZIP	Atlanta, GA 30346
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DAVID	3.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDEN, CHARLES	4.2 NAME	
STREET ADDRESS	ONE RAVINIA DR, STE 1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLARY, DAN	5.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BOYD	6.2 NAME	
STREET ADDRESS	ONE RAVINIA DR, STE 1500	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

678,443.7000

Daytime Phone #

CR2E034 (11/98)