

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:58

DOCUMENT # P94000015939 (9)

1. Corporation Name

JACKSONVILLE REHABILITATION CENTER, INC.

Principal Place of Business

**4171 ROOSEVELT BLVD.
JACKSONVILLE FL 32210**

Mailing Address

**4171 ROOSEVELT BLVD.
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

02/28/1994

3a. Date of Last Report

4. FEI Number

09-3286199

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R
225 WATER ST.
SUITE 900
JACKSONVILLE FL 32301**

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 607.0502 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
HUNTER, DON H
4171 ROOSEVELT BLVD.
JACKSONVILLE FL 32210**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or in the attached 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 owner 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 asterisk.

SIGNATURE: Don J. Hunter

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/15/95

DATE