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Feb 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000056048 (9)

1. Corporation Name  
PHOENIX REHABILITATION CORPORATION



Principal Place of Business: 1144 REDWOOD LANE STE. 1 GULF BREEZE FL 32561  
Mailing Address: 1144 REDWOOD LANE STE. 1 GULF BREEZE FL 32561-3275

3. Date Incorporated or Qualified: 07/28/1994  
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business: 21 1537 Joseph Cir. Suite Apt # etc.  
2a. Mailing Address: 26 1537 Joseph Cir. Suite, Apt. #, etc.  
4. FEI Number: 59-3260341  
Applied For: Not Applicable

22. City & State: 27. City & State: 5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Gulf Breeze, FL 28. Gulf Breeze, FL  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. 32561 25. 29. 32561 30. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [checked] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUFER, MARK W  
1144 REDWOOD LANE STE. 1  
GULF BREEZE FL 32561

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 1537 Joseph Cir.  
83  
84 City: Gulf Breeze, FL FL 85 Zip Code: 32561

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 in plaintext 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 GILLESPIE, LESLIE A  
NAME: GILLESPIE, LESLIE A  
STREET ADDRESS: 2001 N. 14TH AVE.  
CITY-ST-ZIP: PENSACOLA FL

1.1 TITLE: [checked] Change [ ] Addition  
1.2 NAME: [checked] Change [ ] Addition  
1.3 STREET ADDRESS: 4546 Amblewood Ct.  
1.4 CITY-ST-ZIP: Pace, FL 32571

TITLE: D LAUFER, MARK W  
NAME: LAUFER, MARK W  
STREET ADDRESS: 1144 REDWOOD LANE STE. 1  
CITY-ST-ZIP: GULF BREEZE FL 32561

2.1 TITLE: [checked] Change [ ] Addition  
2.2 NAME: [checked] Change [ ] Addition  
2.3 STREET ADDRESS: 1537 Joseph Cir.  
2.4 CITY-ST-ZIP: Gulf Breeze, FL 32561

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE: [ ] Change [ ] 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 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: Mark W. Laufer / Mark W. Laufer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 (109) 934-9197  
DATE DAY-MONTH-YEAR

CR2E034 (9/96)