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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P95000005563 (8)**

1. Corporation Name
CENTER FOR AMBULATORY REHABILITATION & REEDUCATI ON, INC.

Principal Place of Business	Mailing Address
2487 S VOLUSIA AVE STE 105 ORANGE CITY FL 32763 US	~~2487 S VOLUSIA AVE~~ ~~STE 105~~ ~~ORANGE CITY FL 32763~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3291143	☐ Applied For ☐ Not Applicable
21	26 1124 E. FAYETTE ST		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 SYRACUSE NY	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 13210 / Country 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOE, BRIAN R ~~108 BALMORAL COURT~~ ~~DEBARY FL 32713~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3074 W. LAKE MARY BLVD. 83 84 City LAKE MARY FL 85 Zip Code 32746

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TYO, JOHN DAVID		1.2 NAME		
STREET ADDRESS	4686 NE TOWNLINE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCELLUS NY		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROZENDAL, PETER		2.2 NAME		
STREET ADDRESS	108 BALMORAL COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, SHEILA M.		3.2 NAME		
STREET ADDRESS	704 WINTON ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Sheila M Harrington SHEILA M. HARRINGTON 4/15/98