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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 12:11

DOCUMENT # **393373** **(6)**

1. Corporation Name
MEDREHAB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1516 W. MEQUON RD. SUITE 2B MEQUON WI 53092 US	1516 W. MEQUON RD. SUITE 2B MEQUON WI 53092 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1972	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1372697	☐ 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 XXX	

2. Principal Place of Business	2a. Mailing Address
21 3825 West Green Tree Road	P.O. Box 83800
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Milwaukee, WI	City & State 28 Milwaukee, WI
Zip 24 53209 Country 25 USA	Zip 29 53223-910 Country 30 USA

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	President XXX Change ☐ Addition
NAME	ZOBER, NORMAN A	12 NAME	Norman A. Zober
STREET ADDRESS	1516 W. MEQUON RD.	13 STREET ADDRESS	3825 West Green Tree Road
CITY ST ZIP	MEQUON WI	14 CITY ST ZIP	Milwaukee, WI 53209
TITLE	STD	21 TITLE	Secretary XXX Change ☐ Addition
NAME	KOMULA, THOMAS E	22 NAME	Thomas E. Komula
STREET ADDRESS	1516 W. MEQUON RD.	23 STREET ADDRESS	3825 West Green Tree Road
CITY ST ZIP	MEQUON WI	24 CITY ST ZIP	Milwaukee, WI 53209
TITLE		31 TITLE	Director ☐ Change XXX Addition
NAME		32 NAME	Richard P. Campbell
STREET ADDRESS		33 STREET ADDRESS	One Canterbury Green
CITY ST ZIP		34 CITY ST ZIP	Stamford, CT 06901
TITLE		41 TITLE	Director ☐ Change XXX Addition
NAME		42 NAME	James M. Garvey
STREET ADDRESS		43 STREET ADDRESS	3075 Sanders Road, Suite G5D
CITY ST ZIP		44 CITY ST ZIP	Northbrook, IL 60062
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Thomas E. Komula — Thomas E. Komula — 414-247-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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