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May 15 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 # **393373** (6)

1. Corporation Name
MEDREHAB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3825 W GREEN TREE RD MILWAUKEE WI 53209 US	P.O. BOX 83800 MILWAUKEE WI 53223-9100 US

3. Date Incorporated or Qualified: 01/03/1972
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 125 EUGENE O'NEILL DR
Suite, Apt. #, etc.
22:
City & State
23: NEW LONDON CT
Zip: 24: 06320 Country: 25:

2a. Mailing Address
26: 125 EUGENE O'NEILL DR
Suite, Apt. #, etc.
27:
City & State
28: NEW LONDON, CT
Zip: 29: 06320 Country: 30:

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 ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZOBER, NORMAN A 3825 WEST GREEN TREE ROAD MILWAUKEE WI	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P CHERYL WOLPE 125 EUGENE O'NEILL DR NEW LONDON CT 06320	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KOMULA, THOMAS E 3825 WEST GREEN TREE ROAD MILWAUKEE WI	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S GILLIGAN, ALISON 125 EUGENE O'NEILL DR NEW LONDON, CT 06320	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN A ZOBER 3825 WEST GREEN TREE RD MILWAUKEE WI	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T HANSEN, DAVID N 125 EUGENE O'NEILL DR NEW LONDON, CT 06320	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS E. KOMULA 3825 W GREEN TREE RD MILWAUKEE WI	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D ARTHUR W. STRATTON, JR. MD 125 EUGENE O'NEILL DR NEW LONDON, CT 06320	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: [signature] TREASURER 4/30/97