

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 393373 (6)
1. Corporation Name
MEDREHAB OF FLORIDA, INC.



Principal Place of Business 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US	Mailing Address 125 EUGENE O'NEILL DR NEW LONDON CT 06320 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/03/1972	
				4. FEI Number 59-1372697	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOLFE, CHERYL			1.2 NAME	Dixon, Thomas P.		
STREET ADDRESS	125 EUGENE O'NEILL DR			1.3 STREET ADDRESS	695 Atlantic Ave. Ste 11		
CITY-ST-ZIP	NEW LONDON CT 06320			1.4 CITY-ST-ZIP	Boston, MA 02111		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GULLIGAN, ALLISON			2.2 NAME	Gilligan, Alison K.		
STREET ADDRESS	125 EUGENE O'NEILL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW LONDON CT 06320			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANSEN, DAVID N			3.2 NAME			
STREET ADDRESS	125 EUGENE O'NEIL DR			3.3 STREET ADDRESS	1881 Worcester Rd.		
CITY-ST-ZIP	NEW LONDON CT 06320			3.4 CITY-ST-ZIP	Framingham, MA 01701		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATTON, ARTHUR W JR, MD			4.2 NAME			
STREET ADDRESS	125 EUGENE O'NEILL DR			4.3 STREET ADDRESS	1881 Worcester Rd.		
CITY-ST-ZIP	NEW LONDON CT 06320			4.4 CITY-ST-ZIP	Framingham, MA 01701		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 _____

CR2E034 (10/97)