

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

FILED
May 13 1997 8:00am
Secretary of State

 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>PROFIT CORPORATION ANNUAL REPORT 1997</p>
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DOCUMENT # **579502** (6)

1. Corporation Name
REHABILITATIVE ASSOCIATES, INC.

Principal Place of Business 6001 INDIAN SCHOOL ROAD P.O. BOX 715 ALBUQUERQUE NM 87110 US	Mailing Address 6001 INDIAN SCHOOL ROAD P.O. BOX 715 ALBUQUERQUE NM 87110-4139 US
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2. Principal Place of Business 6001 INDIAN SCHOOL ROAD P.O. BOX 715 ALBUQUERQUE NM 87110 US	2a. Mailing Address 6001 INDIAN SCHOOL ROAD P.O. BOX 715 ALBUQUERQUE NM 87110-4139 US
22. City & State ALBUQUERQUE NM	27. City & State ALBUQUERQUE NM
23. Zip 87110	28. Zip 87110
24. Country US	30. Country US

3. Date Incorporated or Qualified 07/19/1978	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1832092	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>9. Name and Address of Current Registered Agent</p> <p>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</p>	<p>10. Name and Address of New Registered Agent</p> <p>81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code</p>
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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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JOHN F.	1.2 NAME	
STREET ADDRESS	521 S GREENWOOD AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOT SAUDER	2.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE NM	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL M. ELLIOTT	3.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE NM	3.4 CITY - ST - ZIP	
TITLE	TV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST A. SCHOFIELD	4.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE NM	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVIN, MICHAEL E	5.2 NAME	
STREET ADDRESS	600 WILSON LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MECHANICSBURG PA	5.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVORE, JOSEPH	6.2 NAME	
STREET ADDRESS	521 S GREENWOOD AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	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: _____ SIGNATURE REQUIRED 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)

Rehabilitative Associates, Inc.
List of Officers & Directors

<u>OFFICERS:</u>	<u>NAME/SSN:</u>	<u>HOME ADDRESS:</u>
President	John F. Egan 074-48-6786	521 S Greenwood Ave Clearwater, FL 34616
Vice-President, Director	Neal M. Elliott 532-38-8545	6001 Indian School Rd NE Albuquerque, NM 87110 505-878-6350
SR VP	Charles H. Gonzales 585-90-0219	6001 Indian School Rd NE Albuquerque, NM 87110 505-878-6350
SR VP, CFO	Ernest A. Schofield 21-92-7317	6001 Indian School Rd NE Albuquerque, NM 87110 505-878-6253
Secretary, VP Legal Affairs, General Counsel	Scot Sauder 555-90-0219	6001 Indian School Rd NE Albuquerque, NM 87110 505-878-6356
Asst. Secretary	Jacqueline Gordon 226-84-0639	6001 Indian School Rd NE Albuquerque, NM 87110 505-878-6282

The above Officers and Directors terms expire on September 30, 1997