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Apr 24 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 # 690342 (1)  
1. Corporation Name  
REHABILITATION ENGINEERING, INC.

Principal Place of Business  
1719 MAHAN DRIVE  
TALLAHASSEE FL 32308

Mailing Address  
~~1719 MAHAN DRIVE~~  
~~TALLAHASSEE FL 32308~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/16/1981

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 7700 OLD GEORGETOWN RD	59-2106177	Not Applicable
22 City & State	27 2ND FLOOR	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 BETHESDA, MD	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 20814	30 U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREDRICK, JEFF 1719 MAHAN DRIVE TALLAHASSEE FL 32308	81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. 83 84 City PLANTATION FL 85 Zip Code 33324

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 Vicky Goldstein SPECIAL ASSISTANT SECRETARY 3/19/98  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME FREDRICK, JEFFREY STREET ADDRESS 6332 COUNT FLEET TRAIL CITY-ST-ZIP TALLAHASSEE, FL 00000	1.1 TITLE P/D 1.2 NAME SABEL, IVAN R. CPO 1.3 STREET ADDRESS 7700 OLD GEORGETOWN RD. 1.4 CITY-ST-ZIP BETHESDA, MD 20814
TITLE V NAME FREDRICK, LORI RASK STREET ADDRESS 6332 COUNT FLEET TRAIL CITY-ST-ZIP TALLAHASSEE FL	2.1 TITLE S 2.2 NAME STEIN, RICHARD A. OPA 2.3 STREET ADDRESS 7700 OLD GEORGETOWN RD 2.4 CITY-ST-ZIP BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE D 3.2 NAME BLUTT, MITCHELL J. 3.3 STREET ADDRESS 380 MADISON AVE; 12TH FL 3.4 CITY-ST-ZIP NEW YORK, NY 10017-2070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE D 4.2 NAME COOPER, THOMAS P. 4.3 STREET ADDRESS 7855 IVANHOE AVE, SUITE 200 4.4 CITY-ST-ZIP LAJOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE D 5.2 NAME GLASER, ROBERT, M.D. 5.3 STREET ADDRESS 525 MIDDLEFIELD RD., STE. 130 5.4 CITY-ST-ZIP MENLO PK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE D 6.2 NAME HELMUTH, JAMES G. 6.3 STREET ADDRESS PARK AVENUE, STL FL 6.4 CITY-ST-ZIP NEW YORK, NY 10017

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:

1301986-0701

CR2E034 (10/97)