FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 8-3-95 B-3865

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

FILED
1995 AUG -3 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837534 (7)

1. Corporation Name
REHABILITY HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
301 W. MILAM WHARTON TX 77488	111 WESTWOOD PLACE SUITE 210 BRENTWOOD TN 37027 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1976	04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	74-1502449	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD, GREGORY B.	1.2 NAME		
STREET ADDRESS	111 WESTWOOD PLACE, #210	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN	1.4 CITY-ST-ZIP		
TITLE	VAT	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	BAIRD, RUSSELL J	2.2 NAME	Virgil W. Hackersmith	
STREET ADDRESS	1415 SORREL RD	2.3 STREET ADDRESS	111 Westwood Place, Suite 210	
CITY-ST-ZIP	WHARTON, TX 0	2.4 CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	VPAS	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYCE, SARA F.	3.2 NAME	Delete.	
STREET ADDRESS	111 WESTWOOD PLACE, #210	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN	3.4 CITY-ST-ZIP		
TITLE	SVPD	4.1 TITLE		☐ Change ☐ Addition
NAME	NENGERT, STEPHEN M.	4.2 NAME		
STREET ADDRESS	111 WESTWOOD PLACE, #210	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, DANNY S.	5.2 NAME	Delete.	
STREET ADDRESS	3420 OLD CANEY RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WHARTON TX	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	William F. Youree	
STREET ADDRESS		6.3 STREET ADDRESS	111 Westwood Place, Suite 210	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Brentwood, TN 37027	

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: [signature] 7-26-95 (615) 377-9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0465080 FP