

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

FILED

May 12 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 # 837534 (7)

1. Corporation Name
REHABILITY HEALTH SERVICES, INC.

Principal Place of Business
111 WESTWOOD PLACE
SUITE 210
BRENTWOOD TN 37027

Mailing Address
111 WESTWOOD PLACE
SUITE 210
BRENTWOOD TN 37027-5021



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 30

3. Date Incorporated or Qualified
12/14/1976

3a. Date of Last Report
03/14/1996

4. FEI Number

74-1502449

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

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME RICHARD, GREGORY B.
STREET ADDRESS 111 WESTWOOD PLACE, #210
CITY-ST-ZIP BRENTWOOD TN

DELETE

TITLE VP
NAME HIOCKERSMITH, VIRGIL W
STREET ADDRESS 111 WESTWOOD PLACE TE 210
CITY-ST-ZIP BRENTWOOD TN

DELETE

TITLE SVPD
NAME BOONE, SYDNEY
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

DELETE

TITLE D
NAME KUNTZ, EDWARD L
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

DELETE

TITLE D
NAME WILLIAMS, L D
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

DELETE

TITLE VP
NAME FRANK, C W
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME KELLY J. GILL
1.3 STREET ADDRESS 111 WESTWOOD PLACE, STE 210
1.4 CITY-ST-ZIP BRENTWOOD, TN 37027

Change Addition

2.1 TITLE SA. VICE PRESIDENT
2.2 NAME BARRY D. WESSON
2.3 STREET ADDRESS 111 WESTWOOD PLACE, STE 210
2.4 CITY-ST-ZIP BRENTWOOD, TN 37027

Change Addition

3.1 TITLE SECRETARY - VICE PRESIDENT
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE VICE PRESIDENT
6.2 NAME BOYD P. GENTRY
6.3 STREET ADDRESS 15415 KATY FREEWAY, STE 300
6.4 CITY-ST-ZIP HOUSTON TX 77094

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97

CR2E034 (9/96)