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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 837534

(7)

REHABILITY HEALTH SERVICES, INC.

FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business 111 WESTWOOD PLACE SUITE 210 BRENTWOOD TN 37027		1 8	ailing Address 11 WESTWOOD PLAC UITE 210 RENTWOOD TN 3702					DO NOT WRI	TE IN THIS		
2. Principal Place of Business		2a. Mailing Address 26 One Ravinia Dr.					···	12/14/1976 4. FEI Number 74-1502449			Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	5. Certificate of Status Desired		\$8.75	Additional Required
City & State		27 Suite 1500 City & State				6, Election Campaign Financing			0 May Be		
23		28	Atlanta,					Trust Fund Contribution			d to Fees
Zip 24 2:	Country	29	Zip 30346	30	Country USA	•		 This corporation owes or has Personal Property Tax due Jul 			ntangible
	ত। nd Address of Current I			[30]	75,	· · ·		10. Name and Address of New I			
C T CORPORAT					81	Name					
	INE ISLAND ROAD				-	<u> </u>	A -1-1	- (D.O. Davids, sales in files Assessed	-1-1-1		
PLANTATION F					82	Street	Addres	s (P.O. Box Number is Not Accept	able)		
•					83						
					84	City				85 Zij	Code
i						,			FL	. `	
SIGNATURE	printed name of teg stered agent. OFFICERS AND	and tille	il applicable (N	IOTE Regi				ation submits this statement for the n's board of directors. I hereby acc when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
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NAME GILL, KEL			X DELETE		1 TITLE		T =	ADDITIONS/CHANGES TO OFF	ICERS AND		
STREET ADDRESS 111 WESTWOD PLACE SUITE 210			X DELETE		1.1 TITLE	***	P		ICERS AND	Change	
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D. ICCI (DOILEGO)	TWOD PLACE SUITE :	210	X DELETE		1.2 NAME		Da 11	vid Ward	ICERS AND		Addition
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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:

2/26/98

770/393-0199