

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -2 AM 9:18

STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000003407 (4)

1. Corporation Name

AMERICAN REHABILITATION GROUP, P.S.C.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2265 HARRODSBURG RD., #350 LEXINGTON KY 40504	2265 HARRODSBURG RD., #350 LEXINGTON KY 40504

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/22/1993	03/30/1994
4. FEI Number	Applied For
61-0707824	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MCDANIEL, MARSHA 2880 NE 63RD ST OCALA FL 34749		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: *Robert S. McCray*
 Signature, Title or printed name of registered agent (SEE INSTRUCTIONS) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUET, D. GLENN	1.2 NAME	
STREET ADDRESS	289 HUNTING HILLS ESTATE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORBIN KY 40701	1.4 CITY - ST - ZIP	
TITLE	WCD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, JAMES	2.2 NAME	JA JAMES SPENCE
STREET ADDRESS	81 SUNNYMEDE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MITCHELL KY 41017	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENTHAL, STUART L	3.2 NAME	D STUART L LOWENTHAL
STREET ADDRESS	2101 LAKESIDE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEXINGTON KY 40502	3.4 CITY - ST - ZIP	
TITLE	COOD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRAY, ROBERT	4.2 NAME	ROBERT MCCRAY
STREET ADDRESS	4584 LONGBRIDGE LANE	4.3 STREET ADDRESS	1270 TODD'S STATION
CITY - ST - ZIP	LEXINGTON KY 40515	4.4 CITY - ST - ZIP	LEXINGTON KY 40509
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASHEAR, ERNESTINE	5.2 NAME	ST A ERNESTINE BRASHEAR
STREET ADDRESS	98 BAKER CT.	5.3 STREET ADDRESS	114 WHISPERING HILLS
CITY - ST - ZIP	BEREA KY 40403	5.4 CITY - ST - ZIP	BEREA KY 40403
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KATHLEEN	6.2 NAME	DELETE - KATHLEEN HILL
STREET ADDRESS	11007 LONDON LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77024	6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE: *Robert S. McCray* ROBERT MCCRAY 7/26/95 606.278.2121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mandatory Year 9)

CRE2034 (3/95)