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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 10: 57

DOCUMENT # F94000003354 (7)

1. Corporation Name

SULLIVAN HEALTH & REHABILITATION MANAGEMENT, INC

Principal Place of Business	Mailing Address
140 E. PONCE DE LEON AVE., #215 DECATUR GA 30030	140 E. PONCE DE LEON AVE., #215 DECATUR GA 30030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:

4. FEI Number: 58-1485945 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 150 E. PONCE DE LEON AVE.	26 150 E. PONCE DE LEON AVE
22 Suite, Apt. #, etc.: SUITE 215	27 Suite, Apt. #, etc.: SUITE 215
23 City & State: DECATUR, GA	28 City & State: DECATUR, GA
24 Zip: 30030 25 Country:	29 Zip: 30030 30 Country:

9. Name and Address of Current Registered Agent

O'BRIEN, C R
9887 4TH ST., N., #307
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: ~~JOAN BERMAN~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~9887 4TH STREET N, SUITE 307~~
83
84 City: ~~ST PETERSBURG~~ FL 85 Zip Code: ~~33702~~

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

TITLE	PDC
NAME	SULLIVAN, DOROTHY
STREET ADDRESS	150 E. PONCE DE LEON AVE., #215
CITY ST ZIP	DECATUR GA 30030
TITLE	VSTD
NAME	SULLIVAN, TIMOTHY
STREET ADDRESS	150 E. PONCE DE LEON AVE., #215
CITY ST ZIP	DECATUR GA 30030
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PRESIDENT	☒ Change ☐ Addition
1 2 NAME	JULIAN COHEN	
1 3 STREET ADDRESS	3353 PEACHTREE RD. SUITE 1000	
1 4 CITY ST ZIP	ATLANTA, GA 30326	
2 1 TITLE	TREASURER	☒ Change ☐ Addition
2 2 NAME	DAVID MURPHY	
2 3 STREET ADDRESS	3353 PEACHTREE RD SUITE 1000	
2 4 CITY ST ZIP	ATLANTA, GA 30326	
3 1 TITLE	CHIEF OPERATING OFFICER	☐ Change ☒ Addition
3 2 NAME	PAUL M. BODE	
3 3 STREET ADDRESS	150 E. PONCE DE LEON AVE. SUITE 215	
3 4 CITY ST ZIP	DECATUR, GA 30030	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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 119.07(3)(k), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

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