FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # F94000003354

1. Corporation Name

Sullivan Health & Rehabilitation Management, Inc.

Principal Place of Business / Mailing Address

3353 Peachtree Road, N.E.
Suite 1000
Atlanta, GA 30326

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 6/27/94	3a. Date of Last Report: 7/24/95
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 58-1485945	☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip (24) / Country (25)	Zip (29) / Country (30)	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

Ms. C.R. O'Brien
9887 4th St. North
Ste. 307
St. Petersburg, FL 33702

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation FL 85 Zip: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — DATE: 6/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Paul M. Bode 150 E. Ponce de Leon Ave., Ste. 215 Decatur GA 30030 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Secretary Kathy Stephenson 3353 Peachtree Rd. N.E., Suite 1000 Atlanta, GA 30326 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Chairman of the Board Larry G. Gerdes 3353 Peachtree Rd. N.E., Suite 1000 Atlanta, GA 30326 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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-06/12/96--01110--006
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-06/12/96--01110--007
*****25.00 *****25.00

200001860442
-06/12/96--01110--008
******8.75 ******8.75

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: David W. Murphy — 6-10-96 (Date) — 404/364-8000 (Daytime Phone #)

CR2E034 (12/95)