


FILED

Jun 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Moynham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005646 (4)**

**CMS REHAB CONCEPTS CORP.**

Principal Place of Business	Mailing Address
9820 WILLOW CREEK ROAD SUITE 440 SAN DIEGO CA 92131	9820 WILLOW CREEK ROAD SUITE 440 SAN DIEGO CA 92131-1112

<b>3. Date Incorporated or Qualified</b> 10/31/1994	<b>3a. Date of Last Report</b> 03/11/1996
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2. Principal Place of Business		2a. Mailing Address	
21	0001 INDIAN SCHOOL RD NE Suite, Apt. #, etc.	2b	P.O. Box 30278 Suite, Apt. #, etc.
22	City & State ALB., NM	27	City & State ALB., NM
23	Zip 87110	28	Zip 87190
25	Country USA	30	Country USA

4. FEI Number	Applied For
25-1650793	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		81	Name
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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	<input checked="" type="checkbox"/> DELETE
TITLE	PD		
NAME	ORTENZIO, ROBERT A		
STREET ADDRESS	600 WILSON LANE, P.O. BOX 715		
CITY-ST-ZIP	MECHANICSBURG PA		
TITLE	VPTD		<input type="checkbox"/> DELETE
NAME	PEGLER, WILLIAM L		
STREET ADDRESS	9820 WILLOW CREEK ROAD, SUITE 440		
CITY-ST-ZIP	SAN DIEGO CA		
TITLE	SD		<input type="checkbox"/> DELETE
NAME	SABAKO, EMILY		
STREET ADDRESS	9820 WILLOW CREEK ROAD, SUITE 440		
CITY-ST-ZIP	SAN DIEGO CA		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEAL M. ELLIOTT	
2.3 STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
2.4 CITY - ST - ZIP	ALB., NM 87110	
3.1 TITLE	CEO, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERNEST A. SCHOFIELD	
3.3 STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
3.4 CITY - ST - ZIP	ALB., NM 87110	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCOT SHAUDER	
4.3 STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
4.4 CITY - ST - ZIP	ALB., NM 87110	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 15, changed, or on an attachment with an address.

**SIGNATURE**

CR2E034 (9/96)