

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1996-2796 B-7146-C

FILED
 Jun 27 1996 8:00 am
 Secretary of State

DOCUMENT # F95000001738 (2)

1. Corporation Name
CORDOVA REHAB, INC.



Principal Place of Business Mailing Address
600 SOUTH BARRACKS ST., STE 210 PENSACOLA FL 32501

3. Date Incorporated or Qualified **04/11/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 **125 W. ROMANA ST.**
 22 City & State 27 **SUITE 400**
 23 Zip Country 28 **PENSACOLA, FL**
 24 25 29 **32501** 30 **USA**

4. FEI Number **59-3248509** 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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT
NAME	BELL, SCOTT J	12 NAME	BELL, SCOTT J.
STREET ADDRESS	600 SOUTH BARRACKS ST., STE 210	13 STREET ADDRESS	125 W. ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	T	21 TITLE	TREASURER
NAME	TOLAN JR., JOHN J	22 NAME	TOLAN, JOHN J. JR.
STREET ADDRESS	600 SOUTH BARRACKS ST., STE 210	23 STREET ADDRESS	125 W. ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	S	31 TITLE	SECRETARY
NAME	FOSTER, DANA R	32 NAME	FOSTER, DANA R.
STREET ADDRESS	600 SOUTH BARRACKS ST., STE 210	33 STREET ADDRESS	125 W. ROMANA ST., STE 400
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	C	41 TITLE	DIRECTOR
NAME	PE, GERALD	42 NAME	ST PE, GERALD
STREET ADDRESS	600 SOUTH BARRACKS ST., STE 210	43 STREET ADDRESS	125 W. ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VD	51 TITLE	DIRECTOR
NAME	HOLLOWAY, J L	52 NAME	WILLIAMS, ROY C.
STREET ADDRESS	600 SOUTH BARRACKS ST., STE 210	53 STREET ADDRESS	125 W. ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D	61 TITLE	VICE PRESIDENT
NAME	TREHERN, W E	62 NAME	TREHERN, W. EDWARD
STREET ADDRESS	600 SOUTH BARRACKS ST., STE 210	63 STREET ADDRESS	125 W. ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	PENSACOLA, FL 32501

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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/20/96** OFFICE: **904-432-0650**

CR2E034 (3/96)