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FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001738 (2)

1. Corporation Name  
CORDOVA REHAB, INC.

Principal Place of Business

600 SOUTH BARRACKS ST., STE 210  
PENSACOLA FL 32501

Mailing Address

125 W ROMANA ST  
SUITE 400  
PENSACOLA FL 32501-5847  
US



2. Principal Place of Business

21 125 W. ROMANA ST.

Suite, Apt. #, etc.

22 SUITE 400

City & State

23 PENSACOLA, FL

Zip Country

24 32501

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

06/27/1996

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

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BELL, SCOTT J  
STREET ADDRESS 125 W ROMANA ST, STE400  
CITY-ST-ZIP PENSACOLA FL

TITLE T ☐ DELETE

NAME TOLAN JR., JOHN J  
STREET ADDRESS 125 W ROMANA ST, STE400  
CITY-ST-ZIP PENSACOLA FL

TITLE S ☐ DELETE

NAME FOSTER, DANA R  
STREET ADDRESS 125 W ROMANA ST, STE 400  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME ST PE', GERALD  
STREET ADDRESS 125 W ROMANA ST, STE400  
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME HOLLOWAY, J L  
STREET ADDRESS 600 SOUTH BARRACKS ST., STE 210  
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☐ DELETE

NAME TREHERN, W E  
STREET ADDRESS 125 W ROMANA ST STE400  
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

HOLLOWAY, J.L.  
125 W. ROMANA ST, STE 400  
PENSACOLA, FL 32501

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/15/97

904-432 0650

CR2E034 (9/96)