

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 09 MAR 18 PM 3:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000001738

1. Corporation Name
CORDOVA REHAB, INC.

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, state if applicable)
 DATE _____ (NOTE: Registered Agents must be at least 18 years old)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[] Change [] Addition
NAME	BELL, SCOTT J	12 NAME	
STREET ADDRESS	125 W ROMANA ST, STE400	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	[] Change [] Addition
NAME	TOLAN JR., JOHN J	22 NAME	
STREET ADDRESS	125 W ROMANA ST, STE400	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	[] Change [] Addition
NAME	FOSTER, DANA R	32 NAME	
STREET ADDRESS	125 W ROMANA ST, STE 400	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	[] Change [] Addition
NAME	ST PE', GERALD	42 NAME	
STREET ADDRESS	125 W ROMANA ST, STE400	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	[] Change [] Addition
NAME	HOLLOWAY, J L	52 NAME	
STREET ADDRESS	125 W. ROMANA ST., SUITE 400	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	[] Change [] Addition
NAME	TREHERN, W E	62 NAME	
STREET ADDRESS	125 W ROMANA ST STE400	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1995

4. FEI Number
59-3248509

5. Certificate of Status Desired **\$8.75** Additional Fed Required

6. Election Campaign Financial Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

900002818549-5
 -03/25/99--01079--011
 ****158.75 ****158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(b), 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, with all other like empowered.

SIGNATURE: *John J. Tolon* JOHN J. TOLAN JR. 2/25/99 850-432-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)