

Document Number **F9600000055**

CT CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

300001677063
-01/03/96--01068--021
*****70.00 *****70.00

Horizon Out-patient Rehabilitation Services, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> FIC. Name
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> CUS	
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call if Problem	<input type="checkbox"/> After 4:30
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<input type="checkbox"/> Mail Out		

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TALLAHASSEE, FLORIDA
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Document Examiner
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Acknowledgment
W.P. Verifier

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3pm

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Horizon Outpatient Rehabilitation Services, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 85-0436768

(FEI number, if applicable)

4. December 12, 1995

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 6001 Indian School Road, N.E., Albuquerque, New Mexico 87110

(Current mailing address)

8. To provide outpatient rehabilitation services.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

William C. Bradford V.P.

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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DIVISION OF CORPORATIONS
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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Charles H. Gonzalez, President

(Typed or printed name and capacity of person signing application)

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Horizon Outpatient Rehabilitation Services, Inc.
Officers and Directors
Date of Taking Office: 12/12/95

Charles H. Gonzales 1419 Camino Amparo Albuquerque, NM 87107	Chief Executive Officer Director	585-66-5408
Neal M. Elliott 5091 Los Poblanos, N.W. Albuquerque, NM 87107	Director (Chairman of the Board)	532-38-8545
Paul Zimmerman 6001 Indian School Rd., N.W. Albuquerque, NM 87110	President	
Klemett L. Belt, Jr. 9406 Seabrook NE Albuquerque, NM 87111	Executive Vice President, Director	550-60-0812
David Van Name 6001 Indian School Rd., N.W. Albuquerque, NM 87110	Senior Vice President Chief Financial Officer	
Ernest A. Schofield 6121 Carousal NW Albuquerque, NM 87120	Senior Vice President	521-92-7317
James P. Covert 6001 Indian School Rd., N.W. Albuquerque, NM 87110	Senior Vice President, Development	
Scot Sauder 2301 Dietz Place, N.W. Albuquerque, NM 87107	Secretary, VP Legal Affairs General Counsel	555-90-0219
Jacqueline Gordon 11600 Academy, N. E., # 622 Albuquerque, NM 87111	Assistant Secretary	226-84-0639

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON OUTPATIENT REHABILITATION SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

96 JAN -3 PM 12:24

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SECRETARY OF STATE
CORPORATION DIVISION



Edward J. Freel

Edward J. Freel, Secretary of State

2570869 8300

950294620

AUTHENTICATION:

7751522

DATE:

12-14-95

Document Number Only

F96000000055

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

900001859969

-06/12/96--01069--013

*****35.00 *****35.00

CORPORATION(S) NAME

Horizon Outpatient Rehabilitation Services, Inc.
changing its name to:

Eagle Rehab Corporation

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☒ Amendment

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Restatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fic. Name

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ After 4:30

☒ Pick Up

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W.P. Verifier

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6/12

John
Name
Change

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JUN 12 PM 2:12
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

SECTION I (1-3 must be completed)

1. Horizon Outpatient Rehabilitation Services, Inc.
Name of corporation as it appears within the records of the Department of State.
2. Incorporated under laws of: Delaware
3. Date authorized to do business in Florida: January 3, 1996

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TALLAHASSEE FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

June 4, 1996

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

Eagle Rehab Corporation

6. If the amendment changes the period of duration, indicate new period of duration.

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

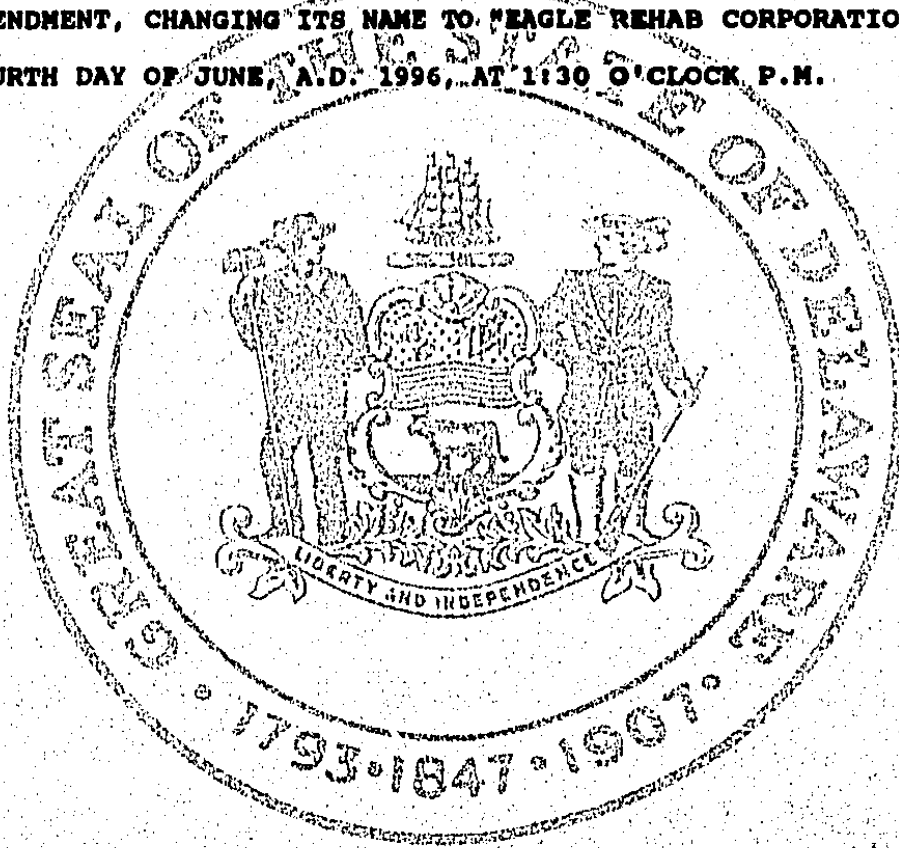

Signature
Name and Title President
Paul Zimmermann

6/14/96

Date

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HORIZON OUTPATIENT REHABILITATION SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EAGLE REHAB CORPORATION", THE FOURTH DAY OF JUNE, A.D. 1996, AT 1:30 O'CLOCK P.M.



Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

2570869 8320

960161812

7971826

06-04-96