

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT 1998

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

DOCUMENT # F96000004422 (9)

1. Corporation Name
PROFESSIONAL THERAPY STAFFING, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1996

2. Principal Place of Business
21 1 HEALTHSOUTH PKWY
 Suite, Apt. #, etc.
22 BIRMINGHAM, AL
 City & State
 Zip **24 35243** Country **25 US**

2a. Mailing Address
26 PO BOX 380546
 Suite, Apt. #, etc.
27 BIRMINGHAM, AL
 City & State
 Zip **29 35238** Country **30 US**

4. FEI Number **38-2767067** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 **RICHARD SCRUSHY**
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**
 CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE **V** DELETE
 NAME **DOUG WARRICK**
 STREET ADDRESS **8801 HORIZON BLVD NE**
 CITY - ST - ZIP **ALBUQUERQUE, NM 87113**

TITLE **S** DELETE
 NAME **BILL HORTON**
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**
 CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE **T** DELETE
 NAME **MIKE MARTIN**
 STREET ADDRESS **1 HEALTHSOUTH PARKWAY**
 CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

14. I 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]* **4/6/98** **505-878-6100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)