

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 08 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 # F96000005551 (4)

1. Corporation Name

REHABILITY HOSPITAL SERVICES, INC.

Principal Place of Business

111 WESTWOOD PL #210
BRENTWOOD TN 37024

Mailing Address

111 WESTWOOD PL #210
BRENTWOOD TN 37024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

-02-1618950-67-1618950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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 D
NAME KUNTZ, EDWARD L
STREET ADDRESS 15415 KATY FRWY #800
CITY-ST-ZIP HOUSTON TX 77084 ☐ DELETE

TITLE D
NAME WILLIAMS, L D
STREET ADDRESS 15415 KATY FRWY #800
CITY-ST-ZIP HOUSTON TX 77084 ☐ DELETE

TITLE P
NAME GILL, KELLY J
STREET ADDRESS 15415 KATY FRWY #800
CITY-ST-ZIP HOUSTON TX 77084 ☒ DELETE

TITLE VS
NAME BOONE, SYDNEY K JR
STREET ADDRESS 15415 KATY FRWY #800
CITY-ST-ZIP HOUSTON TX 77084 ☐ DELETE

TITLE V
NAME GENTRY, BOYD P
STREET ADDRESS 15415 KATY FRWY #800
CITY-ST-ZIP HOUSTON TX 77084 ☐ DELETE

TITLE V
NAME WESSON, BARRY D
STREET ADDRESS 15415 KATY FRWY #800
CITY-ST-ZIP HOUSTON TX 77084 ☐ DELETE

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 Ward, David
3.3 STREET ADDRESS 111 Westwood Pl.
3.4 CITY-ST-ZIP Brentwood, TN 37024

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 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 officer 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:

CR2E034 (4/97)