

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90137 043 ***150.00

DOCUMENT # F96000005551

1. Corporation Name

REHABILITY HOSPITAL SERVICES, INC.



Principal Place of Business

111 WESTWOOD PL #210
BRENTWOOD TN 37024

Mailing Address

ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

67-1618950

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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	<input checked="" type="checkbox"/> DELETE
NAME	CARDEN, CHARLES	
STREET ADDRESS	ONE RAVINIA DR, STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, L D	
STREET ADDRESS	15415 KATY FRWY #800	
CITY-ST-ZIP	HOUSTON TX 77084	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WARD, DAVID	
STREET ADDRESS	111 WESTWOOD PL	
CITY-ST-ZIP	BRENTWOOD TN 37024	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, SYDNEY K JR	
STREET ADDRESS	15415 KATY FRWY #800	
CITY-ST-ZIP	HOUSTON TX 77084	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GENTRY, BOYD P	
STREET ADDRESS	15415 KATY FRWY #800	
CITY-ST-ZIP	HOUSTON TX 77084	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCCLARY, DAN	
STREET ADDRESS	111 WESTWOOD PLACE	
CITY-ST-ZIP	BRENTWOOD TN 37024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morgan, George D.	
1.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Whittle, Susan Thomas	
2.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Miele, Stefano M.	
4.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
4.4 CITY-ST-ZIP	Atlanta, GA 30346	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

678.443.7000

Daytime Phone #

CR2E034 (1/98)