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Maritian Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003974

REHAB DESIGNS OF AMERICA CORPORATION

Principal Place of Business Maining Address								
9401 INDIAN CREEK PARKWAY. SUITE 300 9401 INDIAN CRE OVERLAND PARK KS 66210 OVERLAND PARK			arkway. Suite 300 6210		DO NOT	WRITE IN THIS	S SPACE	-
					3. Date Incorporated or Qual			
					07/13/1998			-
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For
21		26			48-1084279		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	it. #, etc.		5. Certifcate of Status Desire	d □		Additional
27			<u> </u>		Of Oblineate of Ottales Beening	<u> </u>	Fee R	equired
. City & State	City & State	tate		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23		28			Trust Fund Contribution			to Fees
— Zip ───────────				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes			MNo	
24 25 29 29 9. Name and Address of Current Registered Agent			Personal Property Tax.					
	5. Name and Address of Current	registered Agent	81	Name	10. Iddillo bito Fadicos of 10	, w ito giotoi e c		
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acc	:eptable)		
PLANTATION FL 33324 1			83		- No.			
37 11 12 11 1			84	City		FI	L 85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	nonzed by	the corpo	corporation submits this statement for oration's board of directors. I hereby a	the purpose of ccept the appro	of changing its pintment as re	registered gistered
	Trialinal Was, one books are bongare							1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Age	nt signature n	equired when reinstating)	DATE		
12.	OFFICERS AND		13.	- 	ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	PCDT	☐ DELETE	1.1 TITLE		D	-	☐ Change	Addition
NAME			1.2 NAME		Debbie Guthrie			
STREET ADDRESS 9401 INDIAN CREEK PARKWAY			1.3 STREE	T ADDRESS	2620 P Street N.W.			
CITY-ST-ZIP				ST-ZIP	Washington, DC 20007			
TITLE	•		2.1 TITLE				☐ Change	☐ Addition
NAME	KARAS, KEVIN R		2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	OVERLAND PARK KS 66210		2. 4 CITY-	ST-ZIP				- Addition
TITLE	D	DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	BISHOP, JUDY		3.2 NAME		•			
STREET ADDRESS	357 RIVERSIDE DRIVE SUITE 21			TADDRESS				
CITY-ST-ZIP	FRANKLIN TN 37064		3.4. CITY	ST-ZIP			☐ Change	☐ Addition
TITLE	D LANGE	☐ DELETE	4.1 TITLE				□ change	
NAME	KOZLOWSKI, JAMES		4. 2 NAME					
STREET ADDRESS	100 CONGRESS AVE.		1	T ADDRESS				
CITY-ST-ZIP	AUSTIN TX 78701		4.4 CITY-	ST-ZIP				- Addition
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	SMITH, WAYNE		5.2 NAME					ļ

NEW YORK NY 10022 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

950 BRECKENRIDGE LANE SUITE 15

LOUISVILLE KY 40207

320 PARK AVE., 28TH FLOOR

STEELE, SCOTT D

☐ DELETE

☐ Change

☐ Addition