SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jun 13, 1996 08:00 AM

1996			DIVISION OF CORPORATION				Secretary of State		
DOCUM 1. Corporation N	IENT #	G54257	(2)						
CENTRA	L FLORIDA CI	LINIC FOR REHA	BILITATION, INC.						
Principa! Place o	of Business		Mailing Address				I 108/01/ MINI BUHH BURU LURAI BUHU	INGI OTBIL DIDIF O	I BIS OSĐIL DIQIL ZSBIL LODI
9030 W. FT. ISI	LAND TRAIL		9030 W. FT. ISLAND TR	AIL					
SUITE 11 B-C CRYSTAL RIVER FL 32629			SUITE 11 B-C CRYSTAL RIVER FL 32629				Date Incorporated or Qualified		
OTTO THE							08/09/1983		19/1995
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For Not Applicable
1			Suite Apt #, etc.				59-2320379		\$8.75 Additional
Suite, Apt #. 2 Suite		27	- · · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		Fee Required
2 Surte City & State			City & State				6. Election Campaign Financing		\$5.00 May Be
:3		28					Trust Fund Contribution		Added to Fees
Zip	├ -1	ountry	Zip J	30 Cou	intry		This corporation has liability f Florida Statutes		No No
4	25 25	29 ddress of Current Reg		[30]			10. Name and Address of New	L	gent
					81 N	lame			
	IWN, MADELINE 5 N. VANNORTY				82 S	tree! Addr	ress (P.O. Box Number is Not Accep	łable)	
	ANTO FL 32661						A MANUT.		
LEO	ANTO IL SEGOI				83				
					84	Dity		FI	85 Zip Code
ii. Pursuant to	ristared poort or	Sections 607,0502 and both in the State of Flo	.607-1508, Florida Statu vida: Such change was	ites, the ab authorized	ove-na	med corp	oration submits this statement for the ion's board of directors. Thereby acc	e purpose or c ept Ine appoi	ntment as registered
CICKIATURE		dinarrie of responential agent and t	ле даррогатек (N				oration submits this statement for the ori's board of directors. I hereby according to the original of the original original or the original origin	DALL	
CICKIATURE		Sections 607,0502 and both, in the State of Flo accept the obligations I name of reported signifiant OFFICERS AND DIE	aled applicable (NECTORS	TIE Begisten	-d Agentis			DALL	DIRECTORS IN 12
SIGNATURE 5	Signature Hyped or points	Jingrae of responsed agentiance OFFICERS AND DIE	ле даррогатек (N	13.	-d Agents (TLE		red while establish	DALL	DIRECTORS IN 12
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made under oath, that I am an officer or director of the corporation or the receiver or indisected that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Allul DZO ...

6-7-96

22 Case the Phone #