2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G79384 1. Entity Name ABC REHABILITATION SERVICES, INC.

FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90040 006 ***150.00

Principal Plac 520 JENKS AN SUITE A PANAMA CITY IS		Mailing Address 1520 JENKS AVE SUITE A PANAMA CITY FL 32405 US								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4.	4. FEI Number 59-2364989			Applied For Not Applicable	
Zip Country		Zip	у	5. (Certificate of Status Desired	Status Desired		3.75 Additional e Required		
- 	6. Name and Address of Current	Registered Agent	- 		7. 1	Name and Address of New Re				
	•			Name			<u>,</u>			
PADGETT, M. VICTORIA 1520 JENKS AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
PAN	AMA CITY FL 32405			·	-				_	
			-	City			FL	Zip Cod	de	
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature requ	ired when re	pinstating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of \$				10. Election Campaign Finar Trust Fund Contribution.	ncing [00 May Be of to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADGETT, VICTORIA M. 1520 JENKS AVENUE, SUITE A PANAMA CITY FL	☐ Delete	TITLE NAME STREET CITY-5	ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TANAMA OTT TE	☐ Delete	TITLE NAME	ADDRESS		****		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Toping of the gar	Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	,		_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS I-ZIP			_	Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE	ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	□ Defete	. CITY-S					☐ Change	☐ Addition	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.