2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H00813



FILED

Apr 21, 2004 8:00 am Secretary of State SOUTHEASTERN HAND REHABILITATION, INC. 04-21-2004 90033 039 ***150.00 Mailing Address Principal Place of Business 1300 W. SAM HOUSTON PKWY. S., SUITE 300 1300 W. SAM HOUSTON PKWY, S., SUITE 300 HOUSTON, TX 77042 HOUSTON, TX 77042 - 115 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04012004 Chg-P 4. FEI Number Applied For City & State City & State 59-2396997 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLANDS ROAD PLANTATION, FL 33324 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE □ Change FROST, JEFFREY H NAME NAME Janna Kino 1300 W. SAM HOUSTON PKWY. SOUTH, SUITE 300 STREET ADDRESS STREET ADDRESS HOUSTON, TX 77042 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE SPRADLIN, ROY W. NAME NAME STREET ADDRESS 1300 W. SAM HOUSTON PKWY, SOUTH, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77042 **VDT** Change Addition TITI F ☐ Delete TITLE NAME MULLIN, J. MICHAEL NAME Larry McAfee 1300 W. SAM HOUSTON PKWY. SOUTH, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOUSTON, TX 77042 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janna King, Vice President IRE AND EXPETION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR April 7, 2004

713/297-7000

Date

Davtime Phone #