

FILED
Apr 21 1997 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # H42793 (0)
1. Corporation Name
HI TECH REHAB. INC.

Principal Place of Business	Mailing Address
% DAVID D. VOLZ JR. 1551 CAP. CIR. S.E. STE. 5 & 6 TALLAHASSEE FL 32301	% DAVID D. VOLZ JR. 1551 CAPITAL CIR SE STE 5 TALLAHASSEE FL 32301-5141 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 02/14/1985		3a. Date of Last Report 04/22/1996	
4. FEI Number 59-2496303		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent		81	Name
VOLZ, DAVID D. JR.		82	Street Address
1551 CAPITAL CIRCLE SE SUITE #5 & 6		83	
TALLAHASSEE FL 32301		84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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	WOLF
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VOLZ, DAVID D. JR. 1551 CAPITAL CIR SE #586 TALLAHASSEE FL	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do 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.

SIGNATURE:

NAME John Vol- 1

4. 11 97 878 11 541

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