## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

H42793

(0)

HI TECH REHAB, INC.

**FILED** Apr 13 1998 8:00am Secretary of State



N DAND D VOLZ AR TISSIC CAP CIRE SET 5 & 150 CAPTAL CIR SET 5 TALLAHASSEE FL 32201  2. Principal Place of Placeces 2. Suito, April 4, etc. 2. Suito, April 4	Principal Plac	e of Business	Mailing Address		s inmibit ditt dißid iidit faurn ibribå (iili i	inem manti menti minem minit Arbit editi
TALLAMASSEE FL 92801  2. Principal Place of Huemons 2. A Making Address S 2. Surv. Apt. #. cic. 3. Date Incorporation of Qualified C2/14/1895  2. Principal Place of Huemons 2. A Making Address S 2. Surv. Apt. #. cic. 3. Convive Status Desired Statu	1551 CAP. CIR. S.E. STE. 5 & 6		1551 CAPITAL CIR SE STE 5			
2. Principal Place of Fusiones 2. 28. Missing Address 2. 29. Missing Address 3. Missi					DO NOT WRITE IN	DO MOT MIDITE IN THIS SDAGE
Principal Place of Humness   2a, Mailing Address   2.5 Milling Address   4, FEI Number   Applicable   59.2496803   No. Applicable   No. Applicable   Sp. Applicable   No. Applicable   Sp. Applicable   No. Applicabl				1		
2. Pincipa Prise of Husmons 22. Mainey Actificate Salts, Apt #, etc.  23. Salts, Apt #, etc.  24. Salts, Apt #, etc.  25. Salts, Apt #, etc.  26. Salts, Apt #, etc.  27. Cay & State  28. Country  29. Cay & State  29. Country  29. Country  29. Salts  20. Salts  20. Country  20. Salts  20. Country  20. Country  20. Country  20. Country  20. Country  20. Country  20. Salts  20. Country  20. Country  20. Country  20. Country  20. Country  20. Salts  20. Country  20. Country  20. Country  20. Salts  30. Henne and Address of Current Registered Agent  40. Name and Address of Current Registered Agent  40. Name and Address of New Registered Agent  40. Name and Addres					· · · · · · · · · · · · · · · · · · ·	!
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Clay & State   Clay & State    Clay & State    Clay & State    28	<u> </u>	lace of Rusiness	2a. Mailing Address			Applied For
City & State   27   City & State   28   City & State   City & City & State   City & Ci	21		26		59-2496303	Not Applicable
City & Starte    29			Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
2p	22]				b. Certificate of Status Desired	Fee Required
Zip   Country   Zip   2   30   50   30   100			r		, , , , , , , , , , , , , , , , , , , ,	
25		Complex		1 6	· · · · · · · · · · · · · · · · · · ·	
10. Name and Address of Current Registered Agent	<b></b>	— ·	<b>⊢</b> ¬ '	<b></b>		
VOLZ, DAVID D. JR. 1551 CAPITAL CIRCLE SE SUITE #5 & 6 TALLAMASSEE FL 32301  82 Sireot Address (P.O. Box Number is Not Acceptable)  83 84 City FL 85 Zip Code  11. Fursuant to the provisions of Sections 607 0542 and 607,1508, Floridal Statutes, the above-hanned corporation submits this statement for the purpose of changing its registered office or registered agent, and the registered signal, and accept the deployment as seed floridal Statutes.  SIGNATURE  12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. OF FICERS AND DIRECTORS 1.1 In It.  10. PD  10. OF FICERS AND DIRECTORS 1.1 In It.  10. DELETE 1.1 In It.  10. DELETE 2.1 In It.  2. SIRRET ADDRESS 1.3 STRET ADDRESS 1	24			30		
1551 CAPITAL CIRCLE SE SUITE #5 & 6   74   74   74   74   74   74   74	VC		The state of the s	81 Name		rolen Walli
TALLAHASSEE FL 32301    Ball   City			F 45 2 6			
B3   B4   City   FL   S5   Zip Code					t Address (P.O. Box Number is Not Acceptable)	
Bal   City   FL   85   Zip Code	173	EDVINOUEL I E DEOUT		83		
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit, 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 607,000,6 Florida Statutes.  SIGNATURE  SIGNATURE  DOFFICERS AND DIRECTORS  12. Of FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ITIE  PD DELETE 11 THE DELETE 11 THE DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. AMAE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AMAE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECT						
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SIGNATURE Specified a gent of both, in the State of Horiza Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or both, in the State of Horiza Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or many product or print draine of ingritised in print draine of ingritised as registered by the corporation's board of directors. I hereby accept the appointment as registered agent or print draine of ingritised in	11. Pursuant t	to the provisions of Sections 607.0	502 and 607 1508. Florida Statut	es the above-name	d corneration submits this statement for the nurr	soco of changing its registered
SIGNATURE   Signature in translational agent and six it anythicable   1801   Regionated Agent algoritum Copurated whom remaining)   DATE     12.	office of fi	e <b>distered age</b> nt, or both, in the Sta	ate of Florida. Such change was a	authorized by the co-	rporation's board of directors. I hereby accept the	ie appointment as registered
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	•	птания мап, апстассертые ор	ilganoris di, Section 607.0505, Fil	onga Statutes.		
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOI	F: Registered Agent signatur	re required when reinstaling)	DATE
THE	12.					
STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY - ST - 2IP	TITLE	· ·	DELETE	1.1 TITLE		Change Addition
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indicated on this annual report or supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 utraching the will be address.		artify that the information are the	with this filler, does not and the	■ 6.4 CITY-ST/#P	Land in Continue 440 07/0V/2 Ft. 1/1 Ot 1/1	
officer or director of the corporation or the receiver or frustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter or an attachment with an address	indicated of	on this ariqual report or supplemen	with this ming does not <b>qualify to</b> ntal annual report is true <b>and a</b> cc	л ше exemption state urate and that my sig	eo in Section 119.07(ฮ)(เ), Florida Statutes. I furt gnature shall have the same legal effect as if ma	ner certify that the information de under oath; that I am an
	officer or of Block 12 of	firector of the corporation or the least or Block 13 if changed or on an at	eceiver or trustee empowered to a tachment with an address	executo this report as	s required by Chapter 607, Florida Statutes; and	that my name appears in