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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H62392 (6)
1. Corporation Name:
KENNETH J. HOLBERT SANTA ROSA REHABILITATION, P.
A.



Principal Place of Business: 1616 BERRYHILL ROAD MILTON FL 32570
Mailing Address: 1616 BERRYHILL ROAD MILTON FL 32570-7716

3. Date Incorporated or Qualified: 06/18/1985
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. 5900 Berryhill Road: 27. State, Apt. #, etc.: 28. City & State: 29. Milton, FL: 30. Zip: 31. Country: 32. Certificate of Status Desired: 33. Election Campaign Financing Trust Fund Contribution: 34. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: 35. Yes: 36. No

9. Name and Address of Current Registered Agent

HOLBERT, KENNETH J.
1616 BERRYHILL RD.
MILTON FL 32570

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. 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: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 6.1 TITLE: 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 of this corporation, 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 in an attachment with an address.

SIGNATURE: * Kenneth J. Holbert * 2-20-97 7x904-476-7092

CR2E034 (9/96)