FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H73230** **(5)**

1. Corporation Name
EMPLOYEE REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address
402 SOUTH CENTRAL AVENUE OVIEDO FL 32765	402 SOUTH CENTRAL AVENUE OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/26/1985**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2689290** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, JOHN D., ESQUIRE
200 EAST ROBINSON STREET, SUITE 1020
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	WARBLE, RONALD D.	1.2 NAME		
STREET ADDRESS	120 UNIV. PARK DR. #100	1.3 STREET ADDRESS	402 South Central Ave.	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, TERRI	2.2 NAME		
STREET ADDRESS	120 UNIVERSITY PARK DR #100	2.3 STREET ADDRESS	402 South Central Ave	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	WARBLE, KATHLEEN L.	3.2 NAME		
STREET ADDRESS	120 UNIV. PARK DR. #100	3.3 STREET ADDRESS	402 South Central Ave.	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	GREENSTEIN, GEOFFREY D	4.2 NAME		
STREET ADDRESS	120 UNIV. PARK DR. #100	4.3 STREET ADDRESS	402 South Central Ave	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	HAY, KAY	5.2 NAME		
STREET ADDRESS	120 UNIVERSITY PK DR 100	5.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Terri Smith 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060467 CP