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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J34484** **(2)**

1. Corporation Name

REHAB MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
600 EL PASEO DRIVE P.O. BOX 90429 LAKELAND FL 33804-0429 US	600 EL PASEO DRIVE P.O. BOX 90429 LAKELAND FL 33804-0429 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1986
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / County (30)

4. FEI Number: 59-2723743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMONS, SHERWIN P.
2700 BARNETT PLAZA
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Don B. Weinbren
82 Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Blvd Ste 2700
83 Barnett Plaza
84 City: Tampa **FL** 85 Zip Code: 33602

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] DATE: 4/19/95
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	PS	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	HOUGH, JAMES N.	1.2 NAME	Larry B. Bryant	
STREET ADDRESS	600 EL PASEO DRIVE	1.3 STREET ADDRESS	600 El Paseo Drive	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33804	
TITLE		2.1 TITLE	V/D	☐ Change ☒ Addition
NAME		2.2 NAME	David Cramp	
STREET ADDRESS		2.3 STREET ADDRESS	600 EL Paseo Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lakeland, FL 33804	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	Thomas Roberts	
STREET ADDRESS		3.3 STREET ADDRESS	One Boston Place	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boston, MA 02108	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Kevin Mohan	
STREET ADDRESS		4.3 STREET ADDRESS	One Boston Place	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boston, MA 02018	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Frank Foster	
STREET ADDRESS		5.3 STREET ADDRESS	One Boston Place	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boston, MA 02108	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Kenneth Hough	
STREET ADDRESS		6.3 STREET ADDRESS	600 El Paseo Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lakealnd, FL 33804	

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: [signature] JAMES N. HOUGH - PRESIDENT (813) 682-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447041 FP