

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # **J34484** (2)

1. Corporation Name

REHAB MANAGEMENT SYSTEMS, INC.

Principal Place of Business

**600 EL PASEO DRIVE
P.O. BOX 90429
LAKELAND FL 33804-0429
US**

Mailing Address

**600 EL PASEO DRIVE
P.O. BOX 90429
LAKELAND FL 33804-0429
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**WEINBREN, DON B
101 EAST KENNEDY BLVD. STE. 2700
BARNETT PLAZA
TAMPA FL 33602**

3. Date Incorporated or Qualified

09/23/1986

3a. Date of Last Report

04/27/1995

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

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

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, LARRY B	
STREET ADDRESS	600 EL PASEO DRIVE	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRAMP, DAVID	
STREET ADDRESS	600 EL PASEO DRIVE	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, THOMAS	
STREET ADDRESS	ONE BOSTON PLACE	
CITY-STATE-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOHAN, KEVIN	
STREET ADDRESS	ONE BOSTON PLACE	
CITY-STATE-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, FRANK	
STREET ADDRESS	ONE BOSTON PLACE	
CITY-STATE-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUGH, KENNETH	
STREET ADDRESS	600 EL PASEO DR.	
CITY-STATE-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT AND CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JAMES N. HOUGH	
13 STREET ADDRESS	600 EL PASEO DRIVE	
14 CITY-STATE-ZIP	LAKELAND, FL 33804-0429	
21 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MARC B. LEVIN	
23 STREET ADDRESS	10065 RED RUN BLVD.	
24 CITY-STATE-ZIP	OWINGS MILLS, MD 21117	
31 TITLE	EXEC. V.P. AND GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARSHALL A. ELKINS	
33 STREET ADDRESS	10065 RED RUN BLVD.	
34 CITY-STATE-ZIP	OWINGS MILLS, MD 21117	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Captain Printout

CR2E034 (12/95)