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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J34484

REHAB MANAGEMENT SYSTEMS, INC.

FILED

98 AUG 12 PM 2: 17

SECRETARY OF STATE TALLAHAS**SE**E.FLORIDA



Principal Place of Business Mailing Address 600 EL PASEO DRIVE INTEGRATED HEALTH SERVICES. INC. P.O. BOX 90429 10065 RED RUN BLVD LAKELAND FL 33804-0429 OWINGS MILLS MD 21117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-2723743 Suitentebratet Health Services, Inc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired 10065 Red Run Blvd. 22 27 Fee Required City & Semings Mills, MD 21117 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zib Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 pented name of registered agent and bile if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 THEE CIRKA, LAWRENCE P NAME FERNANDEZ, CHARLES M. 1.2 NAME 10065 RED RUN BLVD 100 SOUTHEAST SECOND STREET STREET ADDRESS 1.3 STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIF 1.4 City-St-ZiP MIAMI, FL 33131 DELETE TOLE 2.1 TITLE Change Addition LEVIN, MARC B NAME 2.2 NAME SABINSON, CARLIS 10065 RED RUN BLVD STREET ADDRESS 100 SOUTHEAST SECOND STREET 2.3 STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 2.4 CITY-ST-ZIP MIAMI, FL_33131 **W**DELFTE TITLE Change 3.1 TITLE Aridition **ELKINS, MARSHALL A** NAME 3.2 NAME TARBE, SUSAN 10065 RED RUN BLVD STREET ADDRESS 3.3 STREET ADDRESS 100 SOUTH SAST SECOND STREET **OWINGS MILLS MD 21117** CHY-ST-ZIP 3 4. CITY-ST-7IP MIAMI, FL 33131 **L** DELETE TIME Change Addition 41 TITLE FULCHINO, MARK L NAME 200002614**1**42---2 4. 2 NAME 10065 RED RUN BLVD STREET ADDRESS 4.3 STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 4.4 CITY - ST - ZIP CAOT DELLIE TITLE 5.1 TITLE Change ☐ Addition **BENNETT, W. BRADLEY** NAME 5.2 NAME 10065 RED RUN BLVD STREET ADDRESS 5.3 STREET ADDRESS **OWINGS MILLS MD 21117** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-\$1-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under contribution of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my next as Block 12 or Block 13 if changed, or on an attachment with an address



ACCOUNT NO. : 072100000032

REFERENCE

924722

4303929

AUTHORIZATION

COST LIMIT : \$ 550.00

ORDER DATE: August 12, 1998

ORDER TIME: 11:22 AM

ORDER NO. : 924722-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein

Greenberg Traurig 1221 Brickell Avenue

20th Floor

Miami, FL 33131

ANNUAL REPORT FILING

NAME: REHAB MANAGEMENT SYSTEMS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX (3) PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: