FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

Jun 05 1998 8:00am FLORIDA DEPARTMENT OF STATE : CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J50428 (8) 1. Corpo ation Name PROFESSIONAL THERAPY INTERNATIONAL, INC. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1986 4. FEI Number 38-2718019 2a. Mailing Address 26 PO BOX 380546 Applied For 2. Principal Piece of Business 1 HEALTHSOUTH PKWY Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State Election Campaign Financing BIRMINGHAM, BIRMINGHAM, AL Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intengible 24 35243 35238 US US Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 PLANTATION, FL 33324 Zip Code 84 City 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE RICHARD SCRUSHY NAME 1.2 NAME 1 HEALTHSOUTH PARKWAY STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP BIRMINGHAM, AL 35243 1.4 CITY - ST - ZIP Change TITLE DELETE 2.1 TITLE Addition 6000002 DOUG WARRICK NAME 2.2 NAME -06/09/98--01069--**03**0 STREET ADDRESS 8801 HORIZON BLVD NE 2.3 STREET ADDRESS ***150.00 CITY - ST - ZIP ALBUQUERQUE, NM 87113 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition BILL HORTON NAME 3.2 NAME STREET ADDRESS 1 HEALTHSOUTH PARKWAY 3.3 STREET ADDRESS BIRMINGHAM, AL 35243 CITY - ST - ZIP 3.4 CITY - ST - ZIP □ DELETE Change TITLE 4.1 TITLE MIKE MARTIN NAME **4.2 NAME** STREET ADDRESS 1 HEALTHSOUTH PARKWAY 4.3 STREET ADDRESS BIRMINGHAM, AL 35243 CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

505-878-6100

Daytime Phone #

4/6/98

Date