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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # K51191 (0)

1. Corporation Name
PINNACLE REHABILITATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1919 CHARLOTTE AVE., SUITE 300 NASHVILLE TN 37203-2149	125 EUGENE O'NEILL DR NEW LONDON CT 06320-6410 US

3. Date Incorporated or Qualified: 12/14/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 125 EUGENE O'NEILL DR
22: Suite, Apt. #, etc.
23: City & State: NEW LONDON, CT
24: Zip: 06320 — 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

4. FEI Number: 59-2919356 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	STRATTON JR. M.D., ARTHUR W.		1.2 NAME		
STREET ADDRESS	125 EUGENE O' NEILL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW LONDON CT		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRATTON, NANCY L.		2.2 NAME		
STREET ADDRESS	125 EUGENE O'NEILL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW LONDON CT		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	KINELL, JEFFREY W.		3.2 NAME	HANSEN, DAVID N	
STREET ADDRESS	125 EUGENE O'NEILL DR		3.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	NEW LONDON CT		3.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURNETT, MARK H		4.2 NAME		
STREET ADDRESS	53 STATE ST 17TH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME			5.2 NAME	WOLFE, CHERYL L.	
STREET ADDRESS			5.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [illegible] TREASURER 4/30/97 850-20-2000