FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
MAY 11 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L19556 (4)

1. Corporation Name
PETERSON REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address
~~8697-C FEDERAL HWY~~	~~2215 NEBRASKA AVE~~
~~#12~~	~~#61~~
~~PORT ST LUCIE FL 34952~~	~~FT PIERCE FL 34950~~
	US

3. Date Incorporated or Qualified: 09/26/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0144381 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 291 S.W. OAKRIDGE DRIVE	26 291 S.W. OAKRIDGE DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PORT ST. LUCIE, FL	City & State 28 PORT ST. LUCIE,FL
Zip 24 34984 Country 25 US	Zip 29 34984 Country 30

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

PETERSON, LYNN R .
291 S.W. OAKRIDGE DRIVE
PORT ST. LUCIE FL 34984

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1) TITLE	☐ Change ☒ Addition
NAME	PETERSON, LYNN R.	1) NAME	
STREET ADDRESS	291 S W OAKRIDGE DR.	1) STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1) CITY-ST-ZIP	34984
TITLE		2) TITLE	☐ Change ☐ Addition
NAME		2) NAME	
STREET ADDRESS		2) STREET ADDRESS	
CITY-ST-ZIP		2) CITY-ST-ZIP	
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-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)(i), Florida Statutes. I further certify that the information indicated on the 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: Lynn R. Peterson PDT Pres 05 04 95 407 878 5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0378534 CP