SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:58

DOCUMENT # **L35790** **(9)**

1. Corporation Name
REHAB TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1408 D.W. REYNOLDS ST PLANT CITY FL 33566 US	1408 D.W. REYNOLDS ST PLANT CITY FL 33566 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1989
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21 710 E. ALSOBROOK
Suite, Apt. #, etc.
22 SUITE # 1
City & State
23 PLANT CITY, FL
Zip 24 33566 Country 25 U.S.

2a. Mailing Address
26 P.O. BOX 1137
Suite, Apt. #, etc.
27
City & State
28 PLANT CITY, FL
Zip 29 33564 Country 30 U.S.

4. FEI Number: 59-2978491 ☐ 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

SHORT, PAUL R
7522 N 40TH ST #B
TAMPA FL 33604

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 1995		
TITLE	TDV	11 TITLE		☐ Change ☐ Addition
NAME	HOGAN, W HART	12 NAME		
STREET ADDRESS	3207 THACKERY WAY	13 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP		
TITLE	DPC	21 TITLE		☐ Change ☐ Addition
NAME	HOGAN, FRED L	22 NAME		
STREET ADDRESS	604 ORANGE LAWN DR	23 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP		
TITLE	DSV	31 TITLE		☐ Change ☐ Addition
NAME	AUDAS, MATTHEW B	32 NAME		
STREET ADDRESS	1801 N TEAKWOOD DR. E	33 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☑ Addition
NAME		42 NAME	HOGAN, CHARLENE H.	
STREET ADDRESS		43 STREET ADDRESS	3207 THACKERY WAY	
CITY-ST-ZIP		44 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		51 TITLE	D	☐ Change ☑ Addition
NAME		52 NAME	HOGAN, BETTY W.	
STREET ADDRESS		53 STREET ADDRESS	604 ORANGE LAWN DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	AUDAS, CHERYL	
STREET ADDRESS		63 STREET ADDRESS	1801 N. TEAKWOOD DR. E.	
CITY-ST-ZIP		64 CITY-ST-ZIP	PLANT CITY, FL 33567	

CR2E034 (3/95)

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 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: Charlene H Hogan 6.8.95 813.759.0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLENE H. HOGAN

0097504 CP