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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L35790

(9)

REHAB TECHNOLOGIES, INC.  Principal Place of Business  712 E ALSOBROOK  SUITE 1  PLANT CITY FL 33566 US							
					3. Date Incorporated or Qualified 12/08/1989	3a. Date of La 06/13/	
2. Ennciparis 21	Place of Business	2a. Mailing Address			4. FET Number		Applied For
Suite, Apt.	#. etc.	26 Suite Ast II - 1			59-2978491		Not Applicable
22		Suite, Apt #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stat 23	te	City & State			6. Election Campaign Financing		.00 May Be
Zip	Country	28			Trust Fund Contribution		dded to Fees
24	25	Ζφ <b>29</b> ]	Country		8. This corporation has liability for		rs 199.032.
	9. Name and Address of Curre	ent Registered Agent	[30]		Florida Statutes  Yes		
			81	Name	10. Name and Address of New I	Registered Agent	
SHORT	, PAUL R						
7522 N 40TH ST #B			82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)	
Tampa	FL 33604		83		— ·*·—— · · · · · · · · · · · · · · · ·		
			84	City			
11 Burguant	to the providence of the control of			,		FL  85	Zip Code
or register familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori ition 607.0505, Florida Ottobrio	ites, the above-na ized by the corpo	amed corpora ration's board	tion submits this statement for the put of directors. I hereby accept the app	rpose of changing i	ts registered office
SIGNATURE.	The discospinate obligations of, Sec	non 607,0000, Florida Statute	es.		, ( · · ·	omental do registo	red agent. Fam
··	Signature, typed or printed name of registered agen	tard to day on able (N	IOIE Registered Agorit	Schafore required o	Stern remodalmen	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	TDV	DELETE	1. 1 TITLE			Chang	
VAME STREET ADDRESS	HOGAN, W HART		1.2 NAME				
DITY-ST-ZIP	3207 THACKERY WAY PLANT CITY FL		1.3 STREET A	ODRESS			
	I PLANT CITY FL						
IILE		T DELETE	1.4 CITY-ST-	ZIF	·		
	DPC	☐ DELFTE	2 1 TITLE	ZIF	· · · · · · · · · · · · · · · · · · ·	Chang	e 🔲 Addition
IAME	DPC Hogan, Fred L	☐ DELFTE	2 1 TITLE 2 2 NAME		· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPC HOGAN, FRED L 604 ORANGE LAWN DR VALRICO FL DSV AUDAS, MATTHEW B 1801 N TEAKWOOD DR. E		2 1 TITLE 22 NAME 23 STREET AC 24 CITY-ST- 3 1 TITLE 32 NAME	DDRESS ZIP			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR B. AUDAS 4/11/96 813.759.0784