


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 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 # L35790 (9) 1. Corporation Name REHAB TECHNOLOGIES, INC.					
Principal Place of Business 712 E ALSOBROOK SUITE 1 PLANT CITY FL 33566 US			Mailing Address P O BOX 1137 PLANT CITY FL 33564 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/08/1989	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		04/16/1996	
24 Country		29 Country		4. FEI Number	
				59-2978491	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
SHORT, PAUL R 7522 N 40TH ST #B TAMPA FL 33604				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81 Name		85 Zip Code	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		FL	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		83			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY - ST - ZIP		1.4 CITY - ST - ZIP			
2. DPC HOGAN, W HART 3207 THACKERY WAY PLANT CITY FL		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. DPC HOGAN, FRED L 604 ORANGE LAWN DR VALRICO FL		2.2 NAME			
4. DSV AUDAS, MATTHEW B 1801 N TEAKWOOD DR. E PLANT CITY FL		2.3 STREET ADDRESS			
5. D HOGAN, CHARLENE H 3207 THACKERY WAY PLANT CITY FL		2.4 CITY - ST - ZIP			
6. D HOGAN, BETTY W 604 ORANGE LAWN DR. VALRICO FL		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. D AUDAS, CHERYL 1801 N. TEAKWOOD DR. E PLANT CITY FL		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY - ST - ZIP			
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY - ST - ZIP			
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY - ST - ZIP			
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY - ST - ZIP			

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: Sandra B. Mortham / CHARLENE H. HOGAN 7/22/97 813.759.0784

CR2E034 (4/97)