

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1989	
21		26	712 E. Alsobrook	4. FEI Number 59-2978491	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite 1	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Plant City, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	FL 33566	30	USA
25	Country	31		32	

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 **Matthew B Audas**
82 Street Address (P.O. Box Number is Not Acceptable)
712 E. Alsobrook
83 **Suite 1**
84 City **Plant City** FL 85 Zip Code **33566**

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 **Matthew B Audas** DATE **1-29-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, W HART	1.2 NAME	
STREET ADDRESS	3207 THACKERY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	DPC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, FRED L	2.2 NAME	
STREET ADDRESS	604 ORANGE LAWN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	
TITLE	DSV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDAS, MATTHEW B	3.2 NAME	
STREET ADDRESS	1801 N TEAKWOOD DR. E	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, CHARLENE H	4.2 NAME	
STREET ADDRESS	3207 THACKERY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, BETTY W	5.2 NAME	
STREET ADDRESS	604 ORANGE LAWN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDAS, CHERYL	6.2 NAME	
STREET ADDRESS	1801 N. TEAKWOOD DR. E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	

14. I 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 a checkmark.

SIGNATURE: **Matthew B Audas** DATE: **1-29-98** **83-159-0784**

CR2E034 (10/97)