**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L53281 (6)

1. Corporate Name

REHABILITATION & MEDICAL MANAGEMENT SERVICES, IN C.

Principal Place of Business

% GREG ROSS
400 S.E. 8TH ST.
FT. LAUDERDALE FL 33316

Mailing Address

% GREG ROSS
400 S.E. 8TH ST.
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1990

3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: 65-0184217 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS, GREG
400 S.E. 8TH ST.
FT LAUDERDALE FL 33316

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: Registered Agent Signature required for any change — DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | ROSS, FRONA |
| STREET ADDRESS | 23091 SUNFIELD DR. |
| CITY, ST, ZIP | BOCA RATON FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE — ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE — ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE — ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE — ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE — ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE — ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurate and complete, and that I am aware that false information submitted to a public agency or officer is punishable by fine or imprisonment or both as provided in Section 817.155, Florida Statutes. I further certify that the corporation has complied with all applicable provisions of Florida Corporation Law, including but not limited to the payment of franchise taxes, and that the corporation is currently in good standing with the Department of State. I further certify that I am a director or officer of the corporation or the corporation's agent for service of process, and that I have read the above statements and that the facts stated herein are true.

SIGNATURE: [signature] — 4-29-95 — 407-483-6652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0224560 CP