FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 30 AM 7:40

DOCUMENT # **L65234** **(1)**

1. Corporation Name

TOTAL REHABILITATIVE SERVICES OF PINELLAS COUNTY , INC.

Principal Place of Business	Mailing Address
8637 CERCLE CHAUTEAUX RAE AVE. 8637 CERCLE CHATEAUX RAE AVE. SEMINOLE FL 34647 US	8637 CERCLE CHATEAUX RAE AVE. 8637 CERCLE CHATEAUX RAE AVE. SEMINOLE FL 34647-2547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 126 Lakeshore Dr. N	26 126 Lakeshore Dr. N
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Palm Harbor, Fl	28 City & State: Palm Harbor, Fl
24 Zip: 34684 25 Country: U.S.	29 Zip: 34684 30 Country: U.S.

4. FEI Number: 59-3000593 — 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	10. Name and Address of New Registered Agent
RUSSELL, WENDI 8637 CERCLE CHATEAUX RAE AVE. SEMINOLE FL 34647	81 Name: Russell, Wendi 82 Street Address (P.O. Box Number is Not Acceptable): 126 Lakeshore Dr N. 83: f 84 City: Palm Harbor FL 85 Zip Code: 34684

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: (Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	RUSSELL, WENDI	12 NAME	Russell, Wendi
STREET ADDRESS	8637 CERCLE CHATEAUX RAE	13 STREET ADDRESS	126 Lakeshore DR N
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP	Palm Harbor, Fl 34684
TITLE	TD	21 TITLE	TSD ☑ Change ☐ Addition
NAME	TORASSO, KIM	22 NAME	Torasso, Kim
STREET ADDRESS	8637 CERCLE CHATEAUX RAE	23 STREET ADDRESS	126 Lakeshore DR N
CITY ST ZIP	SEMINOLE FL	24 CITY ST ZIP	Palm Harbor, Fl 34684
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	SORRELL, JANET	32 NAME	N/A no longer affiliated
STREET ADDRESS	8637 CERCLE CHATEAUX RAE	33 STREET ADDRESS	with the Corporation
CITY ST ZIP	SEMINOLE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Kim Torasso — Kim Torasso — 2/15/95 — (813)937-8673
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #