FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 01 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 # L80542

1. Corporation Name

REHAB. TEC., INCORPORATED

Principal Place of Business	Mailing Address
3135 S. FEDERAL HWY. SUITE 611 DELRAY BEACH, FL 33483	SAME

3. Date Incorporated or Qualified: 6/15/90
3a. Date of Last Report: 5/01/96

2. Principal Place of Business
21: 3135 S. FEDERAL Hwy.
Suite Apt. #, etc
22: SUITE 611
City & State
23: DELRAY BEACH, FL
Zip
24: 33483
Country
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 65-0165623
☐ 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

~~ROGERS, ROBERT L~~
~~3135 S. FEDERAL HWY.~~,
THOMAS J. WYLIE
1561 S. CONGRESS AVE #255
DELRAY BEACH, FL 33444

10. Name and Address of New Registered Agent

81 Name: ROBERT L. ROGERS
82 Street Address (P.O. Box Number is Not Acceptable): 3135 S. FEDERAL HWY.,
83:
84 City: DELRAY BEACH **FL** 85 Zip Code: 33483

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: Robert L. Rogers — Registered AGENT — 4/29/97
Signature, typed or printed name of Registered Agent, and date if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☒ DELETE	1.1 TITLE	PST	☐ Change ☒ Addition
NAME	WYLIE, THOMAS J.		1.2 NAME	ROGERS, ROBERT L.	
STREET ADDRESS	1561 S. ~~FEDERAL~~ CONGRESS #255		1.3 STREET ADDRESS	3135 S. FEDERAL HWY. #611	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WYLIE, THOMAS J		2.2 NAME	ROGERS, ROBERT	
STREET ADDRESS	1561 S. CONGRESS #255		2.3 STREET ADDRESS	3135 S. FEDERAL HWY. #611	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4/29/97

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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: Robert L Rogers, ROBERT L. ROGERS — 4/29/97 — 561-276-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #