FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L83422** **(0)**

1. Corporation Name

INEX, THERAPEUTIC AND REHABILITATIVE SERVICES, P .A.

Principal Place of Business	Mailing Address
C/O THOMAS G. VAN MATRE, JR. 4300 BAYOU BLVD., S-16 PENSACOLA FL 32503	C/O THOMAS G. VAN MATRE, JR. 4300 BAYOU BLVD., S-16 PENSACOLA FL 32503

3. Date Incorporated or Qualified: **06/25/1990**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-3021259** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 14 W Jordan St.	26 14 W. Jordan St.
22 Suite, Apt. #, etc. Suite K	27 Suite, Apt. #, etc. Suite K
23 City & State Pensacola, FL	28 City & State Pensacola, FL
24 Zip 32501 25 Country U.S.A.	29 Zip 32501 30 Country U.S.A.

9. Name and Address of Current Registered Agent

VAN MATRE, THOMAS G.
4300 BAYOU BLVD.
S-16
PENSACOLA FL 32503

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 607.1503, 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 changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RONAN, KEVIN		12 NAME	
STREET ADDRESS	3365 ROMMITCH COURT		13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, R. DON		22 NAME	
STREET ADDRESS	4470 CHULA VISTA		23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RONAN, VICKI		32 NAME	
STREET ADDRESS	3365 ROMMITCH CT		33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, ELIZABETH		42 NAME	
STREET ADDRESS	4470 CHULA VISTA		43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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: Randall D. Smith (904) 433-5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)