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 FEB 10 PM 1:17

DOCUMENT # L92693 (5)

1. Corporation Name
ADVANCED REHAB CENTER, INC.

Principal Place of Business	Mailing Address
3604 UNIVERSITY BLVD. S., SUITE 1 JACKSONVILLE FL 32216	3604 UNIVERSITY BLVD. S., SUITE 1 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4131 University Blvd S
22 Suite, Apt. #, etc.: Bld #8
23 City & State: Jacksonville
24 Zip: 32216 25 Country: Duval

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

4. FEI Number: 59-3026127 ☐ 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

NAMEN, RENEE A
3604 UNIV. BLVD., SUITE 1
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Renee A. Namen
82 Street Address (P.O. Box Number is Not Acceptable): 2348 South 3rd St
83: Jacksonville Bch
84 City: Jax Bch FL 85 Zip Code: 32250

11. Pursuant to the provision(s) 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: Renee A. Namen President & Adv. Rehab Cntr 2/1/95
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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	NAMEN, RENEE	1.2 NAME	
STREET ADDRESS	3604 UNIVERSITY BLVD. S., #1	1.3 STREET ADDRESS	2348 South 3rd Street
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jax Bch FL 32250
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Renee A. Namen, President 2/1/95 904/270-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER Date Daytime Phone #
Renee A. Namen

0018300 CP