FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)ADVANCED REHAB CENTER, INC. Mailing Address Principal Place of Business 3636 UNIVERSITY BLVD. S. 3636 UNIVERSITY BLVD. S. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 07/30/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 130 New 59-3026127 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing JAY 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No USA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 NAMEN, RENEE 3836 UNIVERSITY BLVD. S. 82 JACKSONVILLE FL 32216 83 84 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 Stall- of Florida. Such change has authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the original statutes. 1/les mea SIGNATURE 12. TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1 1 TITLE NAMEN, RENEE NAME 1.2 NAME 3636 UNIVERSITY BLVD. S., #C-1 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-21P 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 it grital ged, or on an attackment with an address.

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