

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95 APR 27 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M14499**

(1)

1. Corporation Name

REHAB OF MELBOURNE, INC.

Principal Place of Business

101 E. FLORIDA AVE.  
MELBOURNE  
MELBOURNE FL 32901

Mailing Address

3080 WILLIAMS DR.  
FAIRFAX VA 22031

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1985

3a. Date of Last Report

04/14/1994

4. FEI Number

58-1631336

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1508, 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 fee if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PCOO                  |
| NAME            | SCHOCHET, BARRY       |
| STREET ADDRESS  | 2700 COLORADO AVE     |
| CITY - ST - ZIP | SANTA MONICA CA 90404 |
| TITLE           | V                     |
| NAME            | ANDERSONS, MARIS      |
| STREET ADDRESS  | 2700 COLORADO AVE.    |
| CITY - ST - ZIP | SANTA MONICA CA 90404 |
| TITLE           | SD                    |
| NAME            | BROWN, SCOTT M        |
| STREET ADDRESS  | 2700 COLORADO AVE.    |
| CITY - ST - ZIP | SANTA MONICA CA 90404 |
| TITLE           | T                     |
| NAME            | MIYAHIRA, COLIN       |
| STREET ADDRESS  | 2700 COLORADO AVE     |
| CITY - ST - ZIP | SANTA MONICA CA 90404 |
| TITLE           | AS                    |
| NAME            | SILVER, RICHARD B     |
| STREET ADDRESS  | 2700 COLORADO AVE     |
| CITY - ST - ZIP | SANTA MONICA CA 90404 |
| TITLE           | AT                    |
| NAME            | MCMULLEN, TERENCE P   |
| STREET ADDRESS  | 2700 COLORADO AVE     |
| CITY - ST - ZIP | SANTA MONICA CA 90404 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | 800001463218                                                      |
| 23 STREET ADDRESS  | -05/01/95--01051--013                                             |
| 24 CITY - ST - ZIP | ****200.00 ****200.00                                             |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 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)(k), 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:

Signature typed or printed name of signing officer or director  
Scott M. Brown, Secretary and Director

4/24/95

310/998-8000