


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 FEB -3 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997

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

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #M95000000359
 REHAB ASSOCIATES SOUTHEAST, L.L.C.
~~1801 PINE ST.~~
~~STE. 202~~
 MONTGOMERY AL ~~36106~~

1a. Principal Place of Business Address
 1801 PINE ST. *New Address*
 STE. 202
 MONTGOMERY AL 36106

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 207 Interstate Park Drive
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Organized or Qualified 12/07/1995
 3a. State of Formation AL

4. FEI Number 63-1157826
 Applied For
 Not Applicable

5. Date of Last Report 02/19/1996
 6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

8. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc. **POSTED**
 City **JAN 26 1997** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BARNES, ROCKY	1801 PINE ST., STE. 102	MONTGOMERY AL
MGRM	REHAB ASSOCIATES, INC.	1801 PINE ST., STE. 102 207 Interstate Park Drive Montgomery, AL 36109	MONTGOMERY AL 9500-59-9999 9500-59-9999 9500-59-9999

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Rocky Barnes* 1-27-97 334-272-8255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #