

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Sandra L. Morham Secretary of State	
1998		DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 3-4-98 MAY 26 AM 11:07 9500-59-9999	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000466 REHAB ASSOCIATES, L.L.C. 207 INTERSTATE PARK DRIVE MONTGOMERY AL 36109		1a. Principal Place of Business Address 207 INTERSTATE PARK DRIVE MONTGOMERY AL 36109	
2. Principal Place of Business Same as Above		2a. Mailing Address Same as Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified 08/01/1997		3a. State of Formation AL	
4. FEI Number 72-1379381		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent COX, JAMES A JR. 401 REID AVENUE PORT ST. JOE FL 32456		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002545890--2 Suite, Apt. #, etc. -06/03/98-01053--005 City Zip Code FL ****188.75 ****188.75	
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. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE <u>Dave Meville</u> <u>Controller</u> DATE <u>3-4-98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BARNES, ROCKY	207 INTERSTATE PARK DRIVE	MONTGOMERY AL
MGR	COX, JAMES A JR.	401 REID AVENUE	PORT ST. JOE FL
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: <u>[Signature]</u> 5/19/98 334 272 8255 SIGNATURE AND TYPED (PRINTED) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			