FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09042 (5)

1. Corporation Name
NORTH CENTRAL FLORIDA REHAB, INC.

Principal Place of Business	Mailing Address
~~720 S.W. 2ND AVE. STE. 555~~	~~8930 NW 39TH AVE.~~
~~P.O.BOX 749~~	~~P.O.BOX 749~~
~~GAINESVILLE FL 32606~~	~~GAINSVILLE FL 32606~~
	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1985	3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2547485	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 8930 N.W. 39th Avenue	26 8930 N.W. 39th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32606 Country 25 USA	Zip 29 32606 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~TAYLOR, ANN C.~~ ~~8930 NW AVENUE~~ ~~GAINESVILLE FL 32602~~	81 Name: Stephen J. deMontmollin 82 Street Address (P.O. Box Number is Not Acceptable): 8930 N.W. 39th Avenue 83 84 City: Gainesville FL 85 Zip Code: 32606

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: Stephen J. deMontmollin — 3/24/95
(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	VC/D	11 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, GERALD	12 NAME		
STREET ADDRESS	720 SW 2ND AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL	14 CITY-ST-ZIP		
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	GONZALES, GERARDO	22 NAME		
STREET ADDRESS	8930 NW 39TH AVE.	23 STREET ADDRESS		
CITY ST ZIP	GAINSVILLE FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BENCHIMOL, GEORGE MD	32 NAME		
STREET ADDRESS	8930 NW 39TH AVE.	33 STREET ADDRESS		
CITY ST ZIP	GAINSVILLE FL	34 CITY ST ZIP		
TITLE	~~BP~~	41 TITLE	P	☒ Change ☐ Addition
NAME	PEDDIE, EDWARD C.	42 NAME		
STREET ADDRESS	8930 NW 39TH AVE.	43 STREET ADDRESS		
CITY ST ZIP	GAINSVILLE FL	44 CITY ST ZIP		
TITLE	DST	51 TITLE		☐ Change ☐ Addition
NAME	LANE, TIMOTHY	52 NAME		
STREET ADDRESS	8930 NW 39TH AVE.	53 STREET ADDRESS		
CITY ST ZIP	GAINSVILEL FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WAGNER, BARRY	62 NAME		
STREET ADDRESS	8930 NW 39TH AVE.	63 STREET ADDRESS		
CITY ST ZIP	GAINSVILLE FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.C. Peddie — 3/20/95 — (904) 372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020401