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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35674

1. Corporation Name

RAINBOW REHAB. INC.

Principal Place of Business

% ANN G. HINGST
 730 EAST PARK AVENUE
 TALLAHASSEE FL 32301

Mailing Address

% ANN G. HINGST
 730 EAST PARK AVENUE
 TALLAHASSEE FL 32301



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1507 PAYNE STREET	26 1507 PAYNE STREET	12/15/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	4. FEI Number
City & State	City & State	59-2982596
23 TALLAHASSEE, FLORIDA	28 TALLAHASSEE, FLORIDA	Applied For
Zip	Zip	Not Applicable
24 32303	29 32303	5. Certificate of Status Desired <input type="checkbox"/>
25 U.S.A.	30 U.S.A.	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HINGST, EMORY A
~~**2180 N MERIDIAN RD**~~
TALLAHASSEE FL FL 32303

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1507 PAYNE STREET
 83
 84 City
FL 85 Zip Code
32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Emory A. Hingst
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

2/18/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLINVEAUX, SARA	1.2 NAME	
STREET ADDRESS	RT 1 BOX 188R	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINGST, ANN G.	2.2 NAME	P. EMORY A. HINGST
STREET ADDRESS	1507 PAYNE ST.	2.3 STREET ADDRESS	1507 PAYNE STREET
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32303
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHLIN, RENA	3.2 NAME	
STREET ADDRESS	320 ELOISE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, AQUILINA	4.2 NAME	
STREET ADDRESS	311 BARBOURVILLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, DOROTHY A	5.2 NAME	
STREET ADDRESS	1310 GOLF TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKLER, RICHARD	6.2 NAME	
STREET ADDRESS	2958 MEGINNIS ARM RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE:

Emory A. Hingst
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EMORY A. HINGST

2/18/99

Date

385-2728

Daytime Phone #

CR2E037 (11/98)