
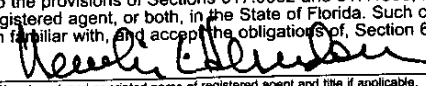
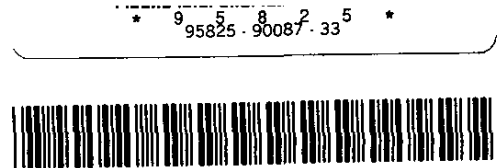


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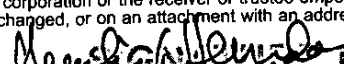
FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90087 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000420					
1. Corporation Name PMM REHABILITATION, INC.					
Principal Place of Business 4105 E. FOWLER AVE. TAMPA FL 33617			Mailing Address 5450 BEECAVE ROAD BLDG 3-D AUSTIN TX 78746 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/01/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3161797	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HERNDON, NEWLIN C 4105 E. FOWLER AVE. TAMPA FL 33617			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10500 UNIVERSITY CENTER DR. #150 83 84 City TAMPA FL 85 Zip Code 33612		
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		Signature, typed or printed name of registered agent and title if applicable.		DATE	
				1/6/99	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CD HERNDON, NEWLIN C 5450 BEECAVE RD BLDG 3-D AUSTIN TX			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D FISH, RICHARD L 3006 WASHINGTON SQUARE AUSTIN TX 78705			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
D FISH, JANE A 3006 WASHINGTON SQUARE AUSTIN TX 78705			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
D FISH, JANE A 3006 WASHINGTON SQUARE AUSTIN TX 78705			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
D FISH, JANE A 3006 WASHINGTON SQUARE AUSTIN TX 78705			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
D FISH, JANE A 3006 WASHINGTON SQUARE AUSTIN TX 78705			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:  **1/6/99** **512-306-9303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR