2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N94000004779

Entity Name: 3H REHAB SERVICES, INC.

Current Principal Place of Business:

1783 NOLAN ROAD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

6339-1 ARGYLE FOREST
JACKSONVILLE, FL 32044 US

New Mailing Address:

POST OFFICE BOX 1055
MIDDLEBURG, FL 32050-105 US

FEI Number: 59-3276526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, KIM
1783 NOLAN RD
MIDDLEBURG, FL 32065 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NASCA, SANDRA	
Address:	299 SOUTH ROSCOE BLVD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	M	( ) Delete
Name:	FOWLER, KIM	
Address:	1783 NOLAN ROAD	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	P	( ) Delete
Name:	NIMNICHT, EDWARD II	
Address:	7999 BLANDING BLVD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	HAMMILL, DAVID	
Address:	421 OCEAN WALK DR SOUTH	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	T	( ) Delete
Name:	FOWLER, DAVID	
Address:	1783 NOLAN ROAD	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	D	( ) Delete
Name:	O'REILLY, BARBARA	
Address:	1370 13TH AVENUE SOUTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM FOWLER M 04/20/2004

Electronic Signature of Signing Officer or Director — Date