FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN -8 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21265 (4)

1. Corporation Name

~~MID-AMERICA PROFESSIONAL SERVICES, INC.~~ MID-AMERICA PROFESSIONAL SERVICES, INC.
~~FOUNDATION FOR REHABILITATION OF KENTUCKY, INC.~~ NAME NOT CHANGED PER COMMONWEALTH OF KENTUCKY (STATE OF INCORPORATION)

Principal Place of Business	Mailing Address
1919 CHARLOTTE AVENUE SUITE 300 NASHVILLE TN 37203	1919 CHARLOTTE AVENUE SUITE 300 NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26: 475 BRIDGE STREET
Suite, Apt. #, etc.
27:
City & State
28: GROTON, CT
Zip
29: 06340
Country
30: U.S.A.

4. FEI Number: 61-1098450 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☒ Addition
NAME	MCFARLIN, SHARON	12 NAME	STRATTON JR, M.D., ARTHUR W.
STREET ADDRESS	1919 CHARLOTTE AVE.	13 STREET ADDRESS	47 WATER STREET
CITY ST ZIP	NASHVILLE TN	14 CITY ST ZIP	MYSTIC, CT 06355
TITLE	SDV	21 TITLE	SD ☒ Change ☒ Addition
NAME	BOKLAGE, PAUL	22 NAME	STRATTON NANCY L.
STREET ADDRESS	1919 CHARLOTTE AVE.	23 STREET ADDRESS	47 WATER STREET
CITY ST ZIP	NASHVILLE TN	24 CITY ST ZIP	MYSTIC, CT 06355
TITLE	DVS	31 TITLE	T ☒ Change ☒ Addition
NAME	HARRIS, GEORGE J.	32 NAME	KINELL JEFFREY W.
STREET ADDRESS	1919 CHARLOTTE AVE	33 STREET ADDRESS	475 BRIDGE STREET
CITY ST ZIP	NASHVILLE TN	34 CITY ST ZIP	GROTON, CT 06340
TITLE	VS	41 TITLE	AS ☒ Change ☒ Addition
NAME	HEBERT, KIRK	42 NAME	BURNETT MARK H.
STREET ADDRESS	1919 CHARLOTTE AVE	43 STREET ADDRESS	53 STATE STREET, 17TH FL
CITY ST ZIP	NASHVILLE TN	44 CITY ST ZIP	BOSTON, MA 02109
TITLE	VS	51 TITLE	☒ Change ☐ Addition
NAME	NEFF, JOHN	52 NAME	300001509373
STREET ADDRESS	1919 CHARLOTTE AVE.	53 STREET ADDRESS	-06/09/95--01013--016
CITY ST ZIP	NASHVILLE TN	54 CITY ST ZIP	****200.00 ****200.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	KC

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey W. Kinell JEFFREY W. KINELL SR VP, CFO & TREASURER 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
203-445-4000

0440020 FP