

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P21467 (6)

1. Corporation Name

PINNACLE REHABILITATION, INC.

Principal Place of Business

1919 CHARLOTTE AVE.
SUITE 300
NASHVILLE TN 37203-9149

Mailing Address

475 BRIDGE ST
GROTON CT 06340
US



3. Date Incorporated or Qualified
10/25/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. 125 Eugene O'Neill Dr

22. City & State

27. City & State

23. Zip

Country

28. New London CT

Zip

Country

24. Country

25. Country

29. 06320

30. Country

4. FEI Number
62-1325550

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

10. Name and Address of New Registered Agent

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

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

Signature typed or printed name of registered agent and director, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE PD
NAME STATTON, JR. M.D. A
STREET ADDRESS 47 WATER ST
CITY-ST-ZIP MYSTIC CT

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 125 EUGENE O'NEILL DRIVE
1.4 CITY-ST-ZIP NEW LONDON CT 06320

☒ Change ☐ Addition

TITLE VD
NAME STRATTON, NANCY L.
STREET ADDRESS 47 WATER ST
CITY-ST-ZIP MYSTIC CT

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 125 EUGENE O'NEILL DR
2.4 CITY-ST-ZIP NEW LONDON, CT 06320

☒ Change ☐ Addition

TITLE T
NAME KNELL, JEFFREY W.
STREET ADDRESS 475 BRIDGE ST
CITY-ST-ZIP GROTON CT

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 125 EUGENE O'NEILL DR
3.4 CITY-ST-ZIP NEW LONDON, CT 06320

☒ Change ☐ Addition

TITLE AS
NAME BURNETT, MARK H.
STREET ADDRESS 53 STATE ST 17TH FL
CITY-ST-ZIP BOSTON MA

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Knell

JEFFREY W. KNELL

4/15/96

800-701-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)