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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 900
NASHVILLE TN 37203-9149

Mailing Address
125 EUGENE O'NEILL DR
NEW LONDON CT 06320-6410
US

3. Date Incorporated or Qualified: **10/25/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 125 EUGENE O'NEILL DR
Suite, Apt #, etc.
22
City & State
23 NEW LONDON CT
Zip 24 06320 Country 25

2a. Mailing Address
26 125 EUGENE O'NEILL DR
Suite, Apt. #, etc.
27
City & State
28 NEW LONDON CT
Zip 29 06320 Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STATTON, JR. M.D. A	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	VD	☐ DELETE
NAME	STRATTON, NANCY L.	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	T	☒ DELETE
NAME	KNELL, JEFFREY W.	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	AS	☐ DELETE
NAME	BURNETT, MARK H.	
STREET ADDRESS	53 STATE ST 17TH FL	
CITY-ST-ZIP	BOSTON MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	☐ Change ☐ Addition
3.2 NAME	HANSEN, DAVID N	
3.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
3.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	☐ Change ☒ Addition
5.2 NAME	WOLFE, CHER YL	
5.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
5.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible]

CR2E034 (9/96)