

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P21467** (6)  
1. Corporation Name  
**PINNACLE REHABILITATION, INC.**



Principal Place of Business  
**125 EUGENE O'NEILL DR.  
SUITE 300  
NEW LONDON CT 06320  
US**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>62-1325550</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STATTON, JR. M.D. A</b>			1.2 NAME			
STREET ADDRESS	<b>125 EUGENE O'NEILL DR</b>			1.3 STREET ADDRESS	<b>1881 Worcester Rd.</b>		
CITY-ST-ZIP	<b>NEW LONDON CT</b>			1.4 CITY-ST-ZIP	<b>Framingham, MA 01701</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STRATTON, NANCY L.</b>			2.2 NAME			
STREET ADDRESS	<b>125 EUGENE O'NEILL DR</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW LONDON CT</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>HANSEN, DAVID N</b>			3.2 NAME			
STREET ADDRESS	<b>125 EUGENE O'NEILL DR</b>			3.3 STREET ADDRESS	<b>1881 Worcester Rd.</b>		
CITY-ST-ZIP	<b>NEW LONDON CT</b>			3.4 CITY-ST-ZIP	<b>Framingham, MA 01701</b>		
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURNETT, MARK H.</b>			4.2 NAME			
STREET ADDRESS	<b>53 STATE ST 17TH FL</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BOSTON MA</b>			4.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WOLFE, CHERYL</b>			5.2 NAME	<b>Dixon, Thomas, P.</b>		
STREET ADDRESS	<b>125 EUGENE O'NEILL DR.</b>			5.3 STREET ADDRESS	<b>695 Atlantic Ave. Ste 11</b>		
CITY-ST-ZIP	<b>NEW LONDON CT</b>			5.4 CITY-ST-ZIP	<b>Boston, MA 02111</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	<b>Gilligan, Alison K.</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>125 Eugene O'Neill Dr.</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>New London, CT 06320</b>		

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

CR2E034 (10/97)