

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

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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90155 015 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21467

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1988

4. FEI Number 62-1325550	Applied For <input type="checkbox"/> Not Applicable
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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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 One Ravinia Drive Suite, Apt. #, etc. 22 Suite 1500 City & State 23 Atlanta, GA Zip Country 24 30346 25 USA	2a. Mailing Address 26 One Ravinia Drive Suite, Apt. #, etc. 27 Suite 1500 City & State 28 Atlanta, GA Zip Country 29 30346 30 USA
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	<input checked="" type="checkbox"/> DELETE
NAME	STATTON, JR. M.D. A	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GILLIGAN, ALISON K.	
STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, DAVID N	
STREET ADDRESS	1881 WORCESTER RD	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BURNETT, MARK H.	
STREET ADDRESS	53 STATE ST 17TH FL	
CITY-ST-ZIP	BOSTON MA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, THOMAS P.	
STREET ADDRESS	695 ATLANTIC AVE STE 11	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Whittle, Susan Thomas	
1.3 STREET ADDRESS	One Ravinia Drive	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Miele, Stefano M.	
2.3 STREET ADDRESS	One Ravinia Drive	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gentry, Boyd P.	
3.3 STREET ADDRESS	One Ravinia Drive	
3.4 CITY-ST-ZIP	Atlanta, GA 30346	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Finkel, Jane	
4.3 STREET ADDRESS	One Ravinia Drive	
4.4 CITY-ST-ZIP	Atlanta, GA 30346	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ward, David	
5.3 STREET ADDRESS	One Ravinia Drive	
5.4 CITY-ST-ZIP	Atlanta, GA 30346	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

678-443-7000

Daytime Phone #

CR2E034 (11/98)