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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P25929** (1)

1. Corporation Name
NME REHABILITATION HOSPITALS, INC.

Principal Place of Business Mailing Address
3080 WILLIAMS DR. FAIRFAX VA 22031

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/07/1989** 3a. Date of Last Report **06/29/1994**

4. FEI Number **94-3044167** 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**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature of Registered Agent (signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **FOCHT, MICHAEL H**
STREET ADDRESS **2700 COLORADO AVE.**
CITY- ST- ZIP **SANTA MONICA CA 90404**

1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
000001468120
-04/28/95--01045--003
******200.00 ****200.00**

TITLE **V**
NAME **FINKEL, HOWARD**
STREET ADDRESS **2700 COLORADO AVENUE**
CITY- ST- ZIP **SANTA MONICA CA**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE **AT**
NAME **MCMULLEN, TERENCE P.**
STREET ADDRESS **2700 COLORADO AVENUE**
CITY- ST- ZIP **SANTA MONICA CA**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE **S**
NAME **BROWN, SCOTT M.**
STREET ADDRESS **2700 COLORADO AVENUE**
CITY- ST- ZIP **SANTA MONICA CA**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE **AS**
NAME **SILVER, RICHARD B.**
STREET ADDRESS **2700 COLORADO AVENUE**
CITY- ST- ZIP **SANTA MONICA CA**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE **D**
NAME **BROWN, SCOTT M.**
STREET ADDRESS **W700 COLORADO AVENUE**
CITY- ST- ZIP **SANTA MONICA CA**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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 110.07(3)(b), 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: *Scott M. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott M. Brown, Secretary

4/24/95
(Date)

310/998-8000
(System Phone #)