

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P25929** (1)

1. Corporation Name:

**NME REHABILITATION HOSPITALS, INC.**



Principal Place of Business:

3060 WILLIAMS DR.  
FAIRFAX VA 22031

Mailing Address:

3060 WILLIAMS DR.  
FAIRFAX VA 22031

2. Principal Place of Business:

2a. Mailing Address:

21 501 Church St. N.E.

26 501 Church St. N.E.

22 333

27 333

23 Vienna, VA

28 Vienna, VA

24 22180

29 22180

9. Name and Address of Current 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 607.0501 and 607.1402, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	FOCHT, MICHAEL H	2700 COLORADO AVE.	SANTA MONICA CA 90404	<input type="checkbox"/>
V	FINKEL, HOWARD	2700 COLORADO AVENUE	SANTA MONICA CA	<input checked="" type="checkbox"/>
AT	MCMULLEN, TERENCE P.	2700 COLORADO AVENUE	SANTA MONICA CA	<input type="checkbox"/>
S	BROWN, SCOTT M.	2700 COLORADO AENUE	SANTA MONICA CA	<input type="checkbox"/>
AS	SILVER, RICHARD B.	2700 COLORADO AVENUE	SANTA MONICA CA	<input type="checkbox"/>
D	BROWN, SCOTT M.	W700 COLORADO AVENUE	SANTA MONICA CA	<input type="checkbox"/>

13.	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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12	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	CHANGE	ADDITION
	Vice Pres./Treasurer				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Sr. VP/Secretary				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	VP/AS				<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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\*\*\*200.00

SIGNATURE: Scott M. Brown

310/998-8427

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