


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

**APPROVED  
AND  
FILED**

**1997 APR 29 PM 4: 23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P25 929**

1. Corporation Name

**NME REHABILITATION HOSPITALS, INC.**

Principal Place of Business <b>3820 State Street Santa Barbara, CA 93105</b>	Mailing Address <b>c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105</b>
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<b>3. Date Incorporated or Qualified</b> <b>9/7/89</b>	<b>3a. Date of Last Report</b> <b>1996</b>
<b>4. FEI Number</b> <b>94-3044167</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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**9. Name and Address of Current Registered Agent**

**C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>P</b>	<input type="checkbox"/> DELETE	<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>Michael H. Focht, Sr.</b>		<b>12 NAME</b>	<b>200002158842</b>
<b>STREET ADDRESS</b> <b>3820 State Street</b>		<b>13 STREET ADDRESS</b>	<b>-04/29/97--01089--014</b>
<b>CITY-STATE-ZIP</b> <b>Santa Barbara, CA 93105</b>		<b>14 CITY-STATE-ZIP</b>	<b>****165.00 ****165.00</b>
<b>TITLE</b> <b>EVP/CFO</b>	<input type="checkbox"/> DELETE	<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>Trevor Fetter</b>		<b>22 NAME</b>	
<b>STREET ADDRESS</b> <b>3820 State Street</b>		<b>23 STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> <b>Santa Barbara, CA 93105</b>		<b>24 CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>SVP/S/D</b>	<input type="checkbox"/> DELETE	<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>Scott M. Brown</b>		<b>32 NAME</b>	
<b>STREET ADDRESS</b> <b>3820 State Street</b>		<b>33 STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> <b>Santa Barbara, CA 93105</b>		<b>34 CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>V/T</b>	<input type="checkbox"/> DELETE	<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>Terence P. McMullen</b>		<b>42 NAME</b>	
<b>STREET ADDRESS</b> <b>3820 State Street</b>		<b>43 STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b> <b>Santa Barbara, CA 93105</b>		<b>44 CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>52 NAME</b>	
<b>STREET ADDRESS</b>		<b>53 STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>54 CITY-STATE-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>62 NAME</b>	
<b>STREET ADDRESS</b>		<b>63 STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>		<b>64 CITY-STATE-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott M. Brown, Secretary**

**4/24/97**

**805/563-7075**

CR2E034 (9/96)