

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

APPROVED  
AND  
FILED

1998 MAR -2 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 # **P25929** (1)

1. Corporation Name  
**NME REHABILITATION HOSPITALS, INC.**

Principal Place of Business

**% MARY YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105**

Mailing Address

**% MARY YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/07/1989**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

22 City & State

**23**

Zip

Country

**24**

**25**

27 City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
FOCHT, MICHAEL H SR.  
3820 STATE STREET  
SANTA BARBARA CA 93105**

TITLE ☐ DELETE

**EVP  
FETTER, TREVOR  
3820 STATE STREET  
SANTA BARBARA CA 93105**

TITLE ☐ DELETE

**VSD  
BROWN, SCOTT M  
3820 STATE STREET  
SANTA BARBARA CA 93105**

TITLE ☐ DELETE

**VT  
MCMULLEN, TERENCE P  
3820 STATE STREET  
SANTA BARBARA CA 93105**

TITLE ☐ DELETE

**CFO  
FETTER, TREVOR  
3820 STATE STREET  
SANTA BARBARA CA 93105**

TITLE ☐ DELETE

**VP/AS  
Richard B. Silver  
3820 State Street  
Santa Barbara, CA 93105**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**100002446021--3**

**-03/03/98--01085--022**

**\*\*\*\*150.00 \*\*\*\*150.00**

☐ Change ☐ Addition

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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.

SIGNATURE

Richard B. Silver 3/25/98 285/560-3255

CR2E034 (10/97)