FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26164 (4)

1. Corporation Name
MED-THERAPY REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address
P O BOX 1429 HICKORY NC 28603-0429 US	P O BOX 1429 HICKORY NC 28603-0429 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 02/21/1994
4. FEI Number: 56-1120078 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BEAVER, DONALD C.
STREET ADDRESS	1331 4TH STREET, N.W.
CITY-ST-ZIP	HICKORY NC
TITLE	PCD
NAME	DAVIS, TOM I., II
STREET ADDRESS	1331 4TH STREET, N.W.
CITY-ST-ZIP	HICKORY NC
TITLE	VD
NAME	WAY, ANTHONY B.
STREET ADDRESS	1345 4TH ST DR., N.W.
CITY-ST-ZIP	HICKORY NC
TITLE	S
NAME	FISHER, EVANS
STREET ADDRESS	1331 4TH STREET, N. W.
CITY-ST-ZIP	HICKORY NC
TITLE	AV
NAME	BERRY, CYNTHIA J
STREET ADDRESS	1345 4TH STR DR NW
CITY-ST-ZIP	HICKORY NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Way, Anthony B.	☒ Change ☐ Addition Delete
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Tom I. Davis, II, Vice President (704) 322-3362
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0398204 FP