

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P26164 (4)

1. Corporation Name

MED-THERAPY REHABILITATION SERVICES, INC.



Principal Place of Business

P O BOX 1429
HICKORY NC 28603-8429
US

Mailing Address

P O BOX 1429
HICKORY NC 28603-8429
US

3. Date Incorporated or Qualified

09/25/1989

3a. Date of Last Report

01/27/1995

4. FEI Number

56-1120078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 111 Westwood Place

26 111 Westwood Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 210

27 Suite 210

City & State

City & State

23 Brentwood, TN

28 Brentwood, TN

Zip

Country

Zip

Country

24 37027-5021

25 USA

29 37027-5021

30 USA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE
NAME BEAVER, DONALD C.
STREET ADDRESS 1331 4TH STREET, N.W.
CITY-ST-ZIP HICKORY NC

TITLE PCD ☒ DELETE
NAME DAVIS, TOM I, II
STREET ADDRESS 1331 4TH STREET, N.W.
CITY-ST-ZIP HICKORY NC

TITLE S ☒ DELETE
NAME FISHER, EVANS
STREET ADDRESS 1331 4TH STREET, N. W.
CITY-ST-ZIP HICKORY NC

TITLE AV ☒ DELETE
NAME BERRY, CYNTHIA J
STREET ADDRESS 1345 4TH STR DR NW
CITY-ST-ZIP HICKORY NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Dom Wortley
1.3 STREET ADDRESS 789 E. South Temple, Suite 600
1.4 CITY-ST-ZIP Salt Lake City, UT 84111

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME Sidney Boone
2.3 STREET ADDRESS 15415 Katy Freeway, Suite 800
2.4 CITY-ST-ZIP Houston, TX 77094

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME E.W. Frank
3.3 STREET ADDRESS 15415 Katy Freeway, Suite 800
3.4 CITY-ST-ZIP Houston, TX 77094

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Edward L. Kuntz
4.3 STREET ADDRESS 15415 Katy Freeway, Suite 800
4.4 CITY-ST-ZIP Houston, TX 77094

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME L.D. Williams
5.3 STREET ADDRESS 15415 Katy Freeway, Suite 800
5.4 CITY-ST-ZIP Houston, TX 77094

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

Sandra B. Morham

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEAH HICKORY NC - ASST. SECRETARY

4/10/96

Date

(713) 578-4600

Daytime Phone #

CR2E034 (12/95)