FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P26164** **(4)**

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

Principal Place of Business	Mailing Address
111 WESTWOOD PLACE SUITE 210 BRENTWOOD TN 37027-021 US	111 WESTWOOD PLACW SUITE 210 BRENTWOOD TN 37027 US

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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 _____
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	S	☐ DELETE
NAME	BOONE, SIDNEY	
STREET ADDRESS	15415 KATY FREEWAY, SUITE 800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	☒ DELETE
NAME	FISHER, EVANS	
STREET ADDRESS	1331 4TH STREET, N. W.	
CITY-ST-ZIP	HICKORY NC	
TITLE	D	☐ DELETE
NAME	KUNTZ, EDWARD L	
STREET ADDRESS	15415 KATY FREEWAY, SUITE 800	
CITY-ST-ZIP	HOUSTON TX	
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	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	LEE D. WILLIAMS	
1.3 STREET ADDRESS	15415 KATY FREEWAY, STE 800	
1.4 CITY-ST-ZIP	HOUSTON, TX	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	BOONE, SIDNEY	
2.3 STREET ADDRESS	15415 KATY FREEWAY, STE 800	
2.4 CITY-ST-ZIP	HOUSTON, TX	
3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
3.2 NAME	KELLY J. GILL	
3.3 STREET ADDRESS	111 WESTWOOD PLACE, STE 210	
3.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
5.2 NAME	BARRY D. WESSON	
5.3 STREET ADDRESS	111 WESTWOOD PLACE, STE 210	
5.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
6.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
6.2 NAME	BOYD P. GENTRY	
6.3 STREET ADDRESS	111 WESTWOOD PLACE, STE 210	
6.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	

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 attached amendment, or other address.

SIGNATURE: SIGNATURE OF OFFICER 4/28/97 615/377-2937

CR2E034 (9/96)