

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26164** (4)

1. Corporation Name

MED-THERAPY REHABILITATION SERVICES, INC.



Principal Place of Business

**111 WESTWOOD PLACE
SUITE 210
BRENTWOOD TN 37027-021
US**

Mailing Address

**111 WESTWOOD PLACW
SUITE 210
BRENTWOOD TN 37027-021
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1989

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 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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

One Ravinia Drive

Suite, Apt. #, etc.

27

Suite 1500

28

Atlanta, GA

29

30346

Country

30

USA

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	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LEE D.	
STREET ADDRESS	15415 KATY FREEWAY, STE. 800	
CITY-ST-ZIP	HOUSTON TX	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOONE, SIDNEY	
STREET ADDRESS	15415 KATY FREEWAY, SUITE 800	
CITY-ST-ZIP	HOUSTON TX	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GILL, KELLY J.	
STREET ADDRESS	111 WESTWOOD PLACE, STE. 210	
CITY-ST-ZIP	BRENTWOOD TN	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUNTZ, EDWARD L	
STREET ADDRESS	15415 KATY FREEWAY, SUITE 800	
CITY-ST-ZIP	HOUSTON TX	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WESSON, BARRY D.	
STREET ADDRESS	111 WESTWOOD PLACE, STE. 210	
CITY-ST-ZIP	BRENTWOOD TN	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GENTRY, BOYD P.	
STREET ADDRESS	111 WESTWOOD PLACE, STE. 210	
CITY-ST-ZIP	BRENTWOOD TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sydney Boone	
2.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	

3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Ward	
3.3 STREET ADDRESS	111 Westwood Place	
3.4 CITY-ST-ZIP	Brentwood, TN	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles Carden	
4.3 STREET ADDRESS	One Ravinia Dr., Suite 1500	
4.4 CITY-ST-ZIP	Atlanta, GA 30346	

5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dan McLary	
5.3 STREET ADDRESS	111 Westwood Place	
5.4 CITY-ST-ZIP	Brentwood, TN	

6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Boyd Gentry	
6.3 STREET ADDRESS	One Ravinia Drive, Suite 1500	
6.4 CITY-ST-ZIP	Atlanta, GA 30346	

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.

CR2E034 (10/97)