

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

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1996 MAY - 2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



***PROFIT CORPORATION ANNUAL REPORT 1996**

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



DOCUMENT # P27091 (8)

1. Corporation Name
ADVANCED REHAB SYSTEMS, INC.

Principal Place of Business: **88 BROAD ST. BOSTON MA 02110**

Mailing Address: **88 BROAD ST. BOSTON MA 02110**

2. Principal Place of Business: **695 Atlantic Ave. Suite 11 Boston, MA 02111 Suffolk**

2a. Mailing Address: **695 Atlantic Ave. Suite 11 Boston, MA 02111 Suffolk**

3. Date Incorporated or Qualified: **11/29/1989**

3a. Date of Last Report: **10/05/1995**

4. FEI Number: **54-1537031**

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: **THOMPSON, DALE 15950 BAY VISTA DR. CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: _____ (Name of registered agent or registered office) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, THOMAS	1.2 NAME	
STREET ADDRESS	18 VILLAGE HILL ROAD	1.3 STREET ADDRESS	400001805164
CITY-ST-ZIP	DOVER MA 02030	1.4 CITY-ST-ZIP	-05/02/96--01064--011
TITLE	CTD	2.1 TITLE	***225.00 ***225.00
NAME	GARFINKLE, STEVEN	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 WARREN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA 02159	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, RICHARD	3.2 NAME	
STREET ADDRESS	50 UNDINE ROAD, UNIT 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIGHTON MA 02135	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

400001805164
-05/02/96--01064--011
***225.00 ***225.00

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: *Richard S. Freedman* **Richard S. Freedman** **4/18/96** **750-679-3710**

CR2E034 (12/95)

TSJ
6/2/96