

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

FILED
May 14 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P27091 (8)
 1. Corporation Name
PRISM REHAB SYSTEMS, INC.



Principal Place of Business: **695 ATLANTIC AVE SUITE 11 BOSTON MA 02111**
 Mailing Address: **695 ATLANTIC AVE SUITE 11 BOSTON MA 02111**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1989	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 54-1537031	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent THOMPSON, DALE 15950 BAY VISTA DR. CLEARWATER FL 34620				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	DIXON, THOMAS	1.2 NAME	Dixon, Thomas P.
STREET ADDRESS	16 VILLAGE HILL ROAD	1.3 STREET ADDRESS	695 Atlantic Ave. Ste 11
CITY-ST-ZIP	DOVER MA 02030	1.4 CITY-ST-ZIP	Boston, MA 02111
TITLE	CTD	2.1 TITLE	T
NAME	GARFINKLE, STEVEN	2.2 NAME	Hansen, David N.
STREET ADDRESS	40 WARREN ST.	2.3 STREET ADDRESS	1881 Worcester Rd.
CITY-ST-ZIP	NEWTON MA 02159	2.4 CITY-ST-ZIP	Frammingham, MA 01701
TITLE	SD	3.1 TITLE	S
NAME	FREEDMAN, RICHARD	3.2 NAME	Billigan, Alison K.
STREET ADDRESS	50 UNDINE ROAD, UNIT 7	3.3 STREET ADDRESS	125 Eugene O'neill Dr.
CITY-ST-ZIP	BRIGHTON MA 02135	3.4 CITY-ST-ZIP	New London, CT 06
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Stratton, Arthur, W., Jr., M.D.
STREET ADDRESS		4.3 STREET ADDRESS	1881 Worcester Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Frammingham, MA 01701
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **David N. Hansen** 11/14/98 (Rev) 701-7000

CR2E034 (10/97)