

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

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Mar 13 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 # P31923 (6) 1. Corporation Name: REHABCARE SERVICES, INC.			
Principal Place of Business: 5041 KILKENNEY COURT OLDSMAR FL 34677		Mailing Address: 5041 KILKENNEY COURT OLDSMAR FL 34677-5106	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/20/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 51-0316335		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 PERLSTEIN, MARY T. 5041 KILKENNEY COURT OLDSMAR FL 34677		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 607.05(12) 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 ☒ <i>Mary T. Perlstein</i> (NOTE: Registered Agent signature required when re-appointing) DATE 3/9/97			
12. OFFICERS AND DIRECTORS 12.1 NAME 12.2 STREET ADDRESS 12.3 CITY-ST-ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-ST-ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-ST-ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-ST-ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-ST-ZIP 12.20 TITLE 12.21 NAME 12.22 STREET ADDRESS 12.23 CITY-ST-ZIP 12.24 TITLE 12.25 NAME 12.26 STREET ADDRESS 12.27 CITY-ST-ZIP 12.28 TITLE 12.29 NAME 12.30 STREET ADDRESS 12.31 CITY-ST-ZIP 12.32 TITLE 12.33 NAME 12.34 STREET ADDRESS 12.35 CITY-ST-ZIP 12.36 TITLE 12.37 NAME 12.38 STREET ADDRESS 12.39 CITY-ST-ZIP 12.40 TITLE 12.41 NAME 12.42 STREET ADDRESS 12.43 CITY-ST-ZIP 12.44 TITLE 12.45 NAME 12.46 STREET ADDRESS 12.47 CITY-ST-ZIP 12.48 TITLE 12.49 NAME 12.50 STREET ADDRESS 12.51 CITY-ST-ZIP 12.52 TITLE 12.53 NAME 12.54 STREET ADDRESS 12.55 CITY-ST-ZIP 12.56 TITLE 12.57 NAME 12.58 STREET ADDRESS 12.59 CITY-ST-ZIP 12.60 TITLE 12.61 NAME 12.62 STREET ADDRESS 12.63 CITY-ST-ZIP 12.64 TITLE 12.65 NAME 12.66 STREET ADDRESS 12.67 CITY-ST-ZIP 12.68 TITLE 12.69 NAME 12.70 STREET ADDRESS 12.71 CITY-ST-ZIP 12.72 TITLE 12.73 NAME 12.74 STREET ADDRESS 12.75 CITY-ST-ZIP 12.76 TITLE 12.77 NAME 12.78 STREET ADDRESS 12.79 CITY-ST-ZIP 12.80 TITLE 12.81 NAME 12.82 STREET ADDRESS 12.83 CITY-ST-ZIP 12.84 TITLE 12.85 NAME 12.86 STREET ADDRESS 12.87 CITY-ST-ZIP 12.88 TITLE 12.89 NAME 12.90 STREET ADDRESS 12.91 CITY-ST-ZIP 12.92 TITLE 12.93 NAME 12.94 STREET ADDRESS 12.95 CITY-ST-ZIP 12.96 TITLE 12.97 NAME 12.98 STREET ADDRESS 12.99 CITY-ST-ZIP 12.100 TITLE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-ST-ZIP	
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 included 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: ☒ <i>Mary T. Perlstein</i> 3/9/97 (813) 787-9434 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)