FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P33521** **(6)**

1. Corporation Name
REHABILITATION MANAGEMENT ASSOCIATES, INC.

Principal Place of Business
PO BOX 14958
JACKSONVILLE FL 32238

Mailing Address
PO BOX 14958
JACKSONVILLE FL 32238

3. Date Incorporated or Qualified: **04/10/1991**
3a. Date of Last Report: **04/10/1995**

4. FEI Number: **59-3051074** — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent
KURTZ, PAMELA S.
4640 TANBARK RD.
JACKSONVILLE FL 32210

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 Section 607.0505 and 607.1508, Florida Statutes, the above named corporation hereby 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	KURTZ, PAMELA S.	
STREET ADDRESS	4640 TANBARK RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 City-St-Zip	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 City-St-Zip	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 City-St-Zip	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 City-St-Zip	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 City-St-Zip	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 City-St-Zip	

14. I do hereby certify that the information supplied herein, including, if applicable, the annual report, furnished and deemed quality for the exemption status in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 of changes, or an attached list with the address.

SIGNATURE: Pamela S. Kurtz PRESIDENT — 4/9/96 — 904-388-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAMELA S. KURTZ

CR2E034 (12/95)