FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37140 (1)

1. Corporation Name
PRIME CARDIAC REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address
2675 N DECATUR RD SUITE 108 DECATUR GA 30033 US	1301 CAP OF TX HWY STE C-300 AUSTIN TX 78746 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 312 Glendale Ave	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Decatur GA	City & State 28
Zip 24 30030 Country 25 US	Zip 29 Country 30

4. FEI Number: 22-2477772 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	MAJORS, JACKIE	
STREET ADDRESS	317 MONTEREY DRIVE	
CITY-ST-ZIP	CLINTON MS	
TITLE	VT	☐ Change ☐ Addition
NAME	MCLEOD, CHERYL	
STREET ADDRESS	6005 GARDEN RIDGE	
CITY-ST-ZIP	AUSTIN TX	
TITLE	S	☐ Change ☐ Addition
NAME	MESTIER, LOUIS	
STREET ADDRESS	2506B THORNTON ROAD	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	☐ Change ☐ Addition
NAME	SHIFRIN, KEN	
STREET ADDRESS	220 HURST CREEK	
CITY-ST-ZIP	AUSTIN TX	
TITLE	V	☐ Change ☐ Addition
NAME	WHITING, AMY	
STREET ADDRESS	312 GLENDALE AVE	
CITY-ST-ZIP	DECATUR GA	
TITLE	D	☐ Change ☐ Addition
NAME	MADLER, MICHAEL	
STREET ADDRESS	9 SANTA ISABEL	
CITY-ST-ZIP	RSM CA	

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)(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: Louis Mestier 4-27-95 512-328-2892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0478653 FP