


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

FILED
Feb 18 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 # P38103 (8) 1. Corporation Name HORIZONS REHABILITATION, INC.					
Principal Place of Business 2225 STATE ROAD 3, SUITE 5 & 7 ST. AUGUSTINE FL 32084			Mailing Address 101 VILLAGE LAS PALMAS LN. ST. AUGUSTINE FL 32084		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 NO PRESENT BUSINESS ADD Suite, Apt. #, etc.		2a. Mailing Address 26 163 FLORIDA PARK DR N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/24/1992	
22 City & State		27 City & State		4. FEI Number 48-1064261 Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 PALM COAST Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 32137 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 FLAGLER		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GAULT, W.E. 101 VILLAGE LAS PALMAS LANE ST. AUGUSTINE FL 32084				10. Name and Address of New Registered Agent	
				81 Name GAULT, W.E.	
				82 Street Address (P.O. Box Number is Not Acceptable) 163 FLORIDA PARK DRIVE N	
				83	
				84 City PALM COAST ST AUGUSTINE FL 85 Zip Code 32137	
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 W.E. Gault W.E. GAULT <small>Signature, typewritten or printed name of registered agent and valid title (applicable to registered agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS					
TITLE		CPD <input checked="" type="checkbox"/> DELETE			
NAME		GAULT, W.E.			
STREET ADDRESS		101 VILLAGE LAS PALMAS LANE			
CITY-ST-ZIP		ST AUGUSTINE FL 32084			
TITLE		VD <input checked="" type="checkbox"/> DELETE			
NAME		GAULT, W.E. JR.			
STREET ADDRESS		230 N. PINE			
CITY-ST-ZIP		GARDNER KS 66030			
TITLE		STD <input checked="" type="checkbox"/> DELETE			
NAME		GAULT, CAROLYN B			
STREET ADDRESS		101 VILLAGE LAS PALMAS LANE			
CITY-ST-ZIP		ST AUGUSTINE FL 32084			
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		W.E. GAULT			
1.3 STREET ADDRESS		163 FLORIDA PARK DRIVE N			
1.4 CITY-ST-ZIP		PALM COAST FL 32137-8304			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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: W.E. Gault W.E. GAULT 2-12-98					

CR2E034 (10/97)