

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

**FILED**  
**Jul 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P38649** (0)  
 1. Corporation Name  
**REHAB SOLUTIONS, INC.**



Principal Place of Business: **4105 E FOWLER AVW TAMPA FL 33617 US**  
 Mailing Address: **5450 BEE CAVE RD BLDG 3 D AUSTIN TX 78746-5251 US**

3. Date Incorporated or Qualified: **05/05/1992**  
 3a. Date of Last Report: **01/29/1996**  
 4. F.E.I. Number: **75-2204067**  
 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 (21-23)  
 2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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 obligation of, Section 607.0505, Florida Statutes.  
 SIGNATURE: *Richard L. Fish* DATE: **6/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPS</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISH, RICHARD L.</b>	12 NAME	
STREET ADDRESS	<b>2 COMPTON</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>BRISTOL TN</b>	14 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISH, JANE ALLEN</b>	2.2 NAME	
STREET ADDRESS	<b>2 COMPTON</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRISTOL TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNDON, NEWLIN C.</b>	3.2 NAME	
STREET ADDRESS	<b>5450 BEE CAVE RD BLDG 3 D</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISH, RICHARD L.</b>	4.2 NAME	
STREET ADDRESS	<b>2 COMPTON</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRISTOL TN</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

500002242345  
 -07/21/97--01012--032  
 \*\*\*165.00

700002242347  
 -07/21/97--01012--033  
 \*\*\*385.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Richard L. Fish* DATE: **6/26/97** **512-306-9303**

CR2E034 (9/96)