

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90030 045 ***150.00

DOCUMENT # P38649

1. Entity Name

REHAB SOLUTIONS, INC.

Principal Place of Business

10500 UNIVERSITY CENTER DR
 SUITE 150
 TAMPA FL 33612
 US

Mailing Address

5450 BEE CAVE RD
 BLDG 3 D
 AUSTIN TX 78731-1116
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4901 GREYSTONE DR.

Suite, Apt. #, etc.

City & State

AUSTIN TX

4. FEI Number

75-2204067

Applied For
 Not Applied

Zip

Country

Zip

Country

78731

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPS	FISH, RICHARD L.	2 COMPTON	BRISTOL TN	<input type="checkbox"/>
DV	FISH, JANE ALLEN	2 COMPTON	BRISTOL TN	<input type="checkbox"/>
DS	HERNDON, NEWLIN C.	5450 BEE CAVE RD BLDG 3 D	AUSTIN TX	<input type="checkbox"/>
T	FISH, RICHARD L.	2 COMPTON	BRISTOL TN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**4901 GREYSTONE DR.
 AUSTIN, TX 78731**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Newlin C Herndon **NEWLIN C HERNDON**

Date

1/4/00

Daytime Phone #

512-349-2878