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 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015260 (2)

1. Corporate Name
STATEWIDE REHAB INC.

Principal Office Address
342 WEST HORNBEAM DRIVE
LONGWOOD FL 32779

Mailing Address
342 WEST HORNBEAM DRIVE
LONGWOOD FL 32779

3. Date Incorporated or Qualified: 12/30/1992
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-3259402 — 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 Office Address · 2a. Mailing Address · Suite, Apt. # etc. · City & State · Zip · Country

9. Name and Address of Current Registered Agent
YUSEM, SCOTT
342 WEST HORNBEAM DRIVE
LONGWOOD FL 32779

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 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YUSEM, SCOTT
STREET ADDRESS	342 WEST HORNBEAM DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	VSD
NAME	YUSEM, BARRY
STREET ADDRESS	342 WEST HORNBEAM DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D
NAME	YUSEM, CAROLE
STREET ADDRESS	342 WEST HORNBEAM DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — Change / Addition

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), 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: Barry Yusem Vice President — 4-27-95 — 401 869 8443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0044280 CP