

ANNUAL REPORT  
1995

Division of State  
DIVISION OF CORPORATIONS

95 APR 18 PM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014072 (1)**  
1. Corporation Name  
**CENTRAL FLORIDA REHABILITATION, INC.**

Principal Place of Business      Mailing Address  
**300 INTERNATIONAL PARKWAY  
SUITE 250  
HEATHROW FL 32746**      **300 INTERNATIONAL PARKWAY  
SUITE 250  
HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/25/1993**      **04/05/1994**  
4. FEI Number      Applied For  
**59-3171284**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**  
8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes       Yes       No

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

9. Name and Address of Current Registered Agent  
**DOWELL, MICHAEL  
300 INTERNATIONAL PARKWAY  
SUITE 250  
HEATHROW FL 32746**

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: Michael S. Dowell      Michael S. Dowell      4/22/95  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reconstituting)      DATE

12. OFFICERS AND DIRECTORS  
TITLE      D  
NAME      **DOWELL, DAVID R**  
STREET ADDRESS      **856 LINCOLN RD**  
CITY - ST - ZIP      **DELAND FL 32724**  
TITLE      D  
NAME      **DOWELL, MICHAEL**  
STREET ADDRESS      **801 CITRUS WOOD CT**  
CITY - ST - ZIP      **LONGWOOD FL 32750**  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE       Change       Addition  
1.2 NAME      **D**  
1.3 STREET ADDRESS      **Dowell, David R,**  
1.4 CITY - ST - ZIP      **3080 Timpana Point  
Longwood, FL 32779**  
2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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)(k), 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 the 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: Michael S. Dowell      4/11/95      409/333-0456  
Signature and typed or printed name of signing officer or director      Date      Telephone #