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CAPITAL CONNECTION

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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

1996 JUL 17 AM 9:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 993000046831

1. Corporation Name: Rehab USA

Principal Place of Business: 189 NE 26 Street P.O. Box 4312 19 Miami FL 33137

400001895004 -07/16/96--01126--012 \*\*\*\*233.75 \*\*\*\*233.75

2. Principal Place of Business, 21-24 Mailing Address, 25-28 Suite, Apt. #, etc., 29-30 City & State, 31-34 Zip and Country

3. Date Incorporated or Qualified: 6/93, 32. Date of Last Report: 95, 4. PBI Number: 65-0599670, 5. Certificate of Status Desired: X, 6. Election Campaign Financing: \$8.75 Additional Fee Required, 7. This corporation has liability for intangible tax under s. 199.032: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: John E. Lemieux, 189 NE 26 Street, Miami FL 33137

10. Name and Address of New Registered Agent: 81 Name: Same, 82 Street Address, 83, 84 City, 85 Zip Code: FL

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: John E. Lemieux 7/12/96

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Includes names, titles, and addresses for John E. Lemieux and Sherman V. Lemieux.

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 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: [Signature] 7/12/96

usx 7/17/96