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 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058154 (4)**

1. Corporate Name
CHARDON REHAB, INC.

Principal Place of Business	Mailing Address
7520 W. WATERS AVE. STE. 15 TAMPA FL 33615 US	7520 W. WATERS AVE. STE. 15 TAMPA FL 33615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993	3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3195799	☐ 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 Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'BRIEN, DONALD 749 KINGSTON CT APOLLO BEACH FL 33572	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 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: Donald O'Brien
(Registered Agent's Signature) (Date) (New Registered Agent's Signature, if changed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D HIRT, CHARLOTTE 3303 NAKORA DR TAMPA FL 33618	☐ Change ☐ Addition
D O'BRIEN, DONALD 749 KINGSTON CT APOLLO BEACH FL 33572	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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)(i), 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 above, if changed or added, or on an attachment with an address.

SIGNATURE: Charlotte Hirt / Donald O'Brien 4-24-95 8132498230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
CHARLOTTE HIRT / DONALD O'BRIEN

0303230 CP