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 MAR 28 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062675 (2)**

1. Corporation Name
NORTH FLORIDA REHABILITATION CENTER, INC.

800001443258
-03/29/95--01097--015
~~***2000.00~~ ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
RT 4 BOX 653B LAKE CITY FL 32055 US	RT 4 BOX 653B LAKE CITY FL 32055 US

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3601 SW 2ND AVE	26 3601 SW 2ND AVE
Suite, Apt. #, etc. 22 Suite M-1	Suite, Apt. #, etc. 27 Suite M-1
City & State 23 Gainesville FL	City & State 28 Gainesville FL
Zip / Country 24 32607 / 25 USA	Zip / Country 29 32607 / 30 USA

4. FEI Number: 59-3197969 — ☐ 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

9. Name and Address of Current Registered Agent

OAKES, DALE A
2858 E BAYA AVE
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: Guy N. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 448 Colburn St.
83
84 City: Lake City FL 85 Zip Code: 32025

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: Guy N. Williams — Guy N. Williams Director — 3-15-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	OAKES, DALE A	12 NAME	Guy N. Williams
STREET ADDRESS	RT 4 BOX 653-B	13 STREET ADDRESS	448 Colburn St.
CITY-ST-ZIP	LAKE CITY FL 32055	14 CITY-ST-ZIP	Lake City FL. 32025
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: Guy N. Williams — Guy N. Williams, Director — 3-15-95 — 904-758-8060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0401188 FP