FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000077583 (1)

1. Corporate Name
ONE TO ONE/INJURY REHABILITATION, INC.

Principal Place of Business
~~1300 CORPORATE CENTER WAY~~
~~SUITE 101~~
~~WEST PALM BEACH FL 33414~~

Mailing Address
~~14046 WELLINGTON TRACE~~
~~WELLINGTON FL 33414~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 8600 URANUS TERRACE
22 Suite, Apt. #, etc.
23 City & State: LAKE PARK, FL
24 Zip: 33403 25 County: USA

2a. Mailing Address
26 P.O. BOX 12125
27 Suite, Apt. #, etc.
28 City & State: LAKE PARK, FL
29 Zip: 33403 30 County: USA

4. FEI Number: 65-0449099 — 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. The corporation has assets or liabilities in excess of $100,000 Check Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WALKER, MARK D
~~14046 WELLINGTON TRACE~~ P.O. BOX 12125
~~WELLINGTONE FL 33414~~ LAKE PARK, FL 33403

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 Section 607.0505, 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 and the street address of its registered office and the name of its registered agent are as indicated. The corporation is aware that the designation of a registered agent includes the duties and obligations prescribed by Section 607.0505, Florida Statutes.

SIGNATURE

12. Officers and Directors
PVTS
WALKER, MARK D
~~14046 WELLINGTON TRACE~~
~~WELLINGTON FL 33414~~

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
☒ Change ☐ Addition
8600 URANUS TERRACE
LAKE PARK, FL 33403

14. I hereby certify that the facts stated in this report are true. I am familiar with and I agree to comply with the provisions of Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent of the corporation upon whom service may be made pursuant to Section 48.091, Florida Statutes. I understand that the filing of this report is required by Chapter 607, Florida Statutes, and failure to file this report may result in the administrative dissolution of the corporation.

SIGNATURE: MARK WALKER 4-27-95 407-691-9493
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR REGISTERED OFFICER OR DIRECTOR

0252571 CP