FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 NOV -4 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077756 (3)**

1. Corporation Name
REHABILITATION TRAINING INSTITUTE, INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
201 NORTH NEW YORK AVE. SUITE 302 WINTER PARK FL 32789	201 NORTH NEW YORK AVE. SUITE 302 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 11/09/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3211526	☐ 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 2710 REW CIR.	26 2710 REW CIR.
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 OCOEE, FL	City & State 28 OCOEE, FL
Zip 24 34761	Country 25 U.S.
Zip 29 34761	Country 30 U.S.

9. Name and Address of Current Registered Agent

ROGERS, KIRVEN — LAST NAME
2714 REW CIRCLE
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name: ROGERS KIRVEN
82 Street Address (P.O. Box Number is Not Acceptable): 2710 REW CIRCLE
83: SUITE 100
84 City: OCOEE FL 85 Zip Code: 34761

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: _____ 10/31/96
Signature, typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V BORCHECK, MICHAEL S 201 N. NEW YORK AVE., SUITE 302 WINTER PARK FL 32789	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition V DAN DEVINE 2710 REW CIR., SUITE 100 OCOEE, FL 34761
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROGERS, KIRVEN 2714 REW CIRCLE OCOEE FL 34761	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition S DAVID COLBURN 2710 REW CIR., SUITE 100 OCOEE, FL 34761
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TETRICK, MICHAEL 2714 REW CIRCLE OCOEE FL 34761	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002004304--4 -11/14/96--01033--014 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002004304--4 -11/14/96--01033--015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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)(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: _____ David Colburn 9/25/96 407 656-3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)