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 PM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084475 (1)**

1. Corporation Name
ADVANCED REHAB, INC.

Principal Place of Business
~~3340 KINGS AVENUE~~
~~HOMOSASSA SPRINGS FL 34447~~

Mailing Address
~~P.O. BOX 806~~
~~HOMOSASSA FL 34447~~

MEMBER
Mr. Mike Eddinger
5975 W Sophia Ln.
Dunnellon, FL 34433-9731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/03/1993	08/31/1994

2. Principal Place of Business
21 5975 W. Sophia LN
Suite, Apt. #, etc. 22
City & State 23 DUNNELLON
Zip 24 34433 Country 25 Citrus

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30 Citrus

4. FEI Number 59-3213031 ☐ 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

EDDINGER, MIKE R
3340 KINGS AVENUE
HOMOSASSA SPRINGS FL 34447

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 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 (Signature of new registered agent, if appointed) NOTE: Registered Agent signature required when mandatory (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	71 TITLE	☑ Change ☐ Addition
NAME	EDDINGER, ROBIN	72 NAME	Eddinger, Robin
STREET ADDRESS	3340 KINGS AVE.	73 STREET ADDRESS	5975 W. Sophia Lane
CITY ST ZIP	HOMOSSASSA SPRINGS FL 34447	74 CITY ST ZIP	Dunnellon, FL 34433
TITLE	VT	81 TITLE	☑ Change ☐ Addition
NAME	EDDINGER, MIKE	82 NAME	Eddinger, Mike
STREET ADDRESS	3340 KINGS AVE.	83 STREET ADDRESS	5975 W. Sophia Lane
CITY ST ZIP	HOMOSSASSA SPRINGS FL 34447	84 CITY ST ZIP	Dunnellon, FL 34433
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 CITY ST ZIP	
TITLE		101 TITLE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY ST ZIP		104 CITY ST ZIP	
TITLE		111 TITLE	☐ Change ☐ Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY ST ZIP		114 CITY ST ZIP	
TITLE		121 TITLE	☐ Change ☐ Addition
NAME		122 NAME	
STREET ADDRESS		123 STREET ADDRESS	
CITY ST ZIP		124 CITY ST ZIP	

14. I, the undersigned, certify that the information indicated with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an indication that I am a director or officer.

SIGNATURE: Robin M. Eddinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (Date)
904 489-7865 (Telephone Number)

0457100 FP