

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # **P94000012500 (2)**

1. Corporation Name
EMERALD COAST REHAB, INC.



Principal Place of Business: **913 GULF BREEZE PKWY #14 GULF BREEZE FL 32561 US**
Mailing Address: **913 GULF BREEZE 14 GULF BREEZE FL 32561 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

3. Date incorporated or Qualified: **02/11/1994**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-3225127**
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
**MAGGIO, R B
907 PANFERNIX DRIVE
PENSACOLA BEACH FL 32561**

10. Name and Address of New Registered Agent (81-84)
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: _____ DATE: _____
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS
1. TITLE: **P** DELETE
2. NAME: **MAGGIO, R.B.**
3. STREET ADDRESS: **907 PANFERNIX DR X**
4. CITY - ST - ZIP: **PENSACOLA BEACH FL 32561**
5. TITLE: DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY - ST - ZIP:
9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY - ST - ZIP:
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY - ST - ZIP:
17. TITLE: DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: **211 Sabine Dr.**
3. STREET ADDRESS:
4. CITY - ST - ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY - ST - ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY - ST - ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. 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)(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, changed, or on an attachment with an address.

SIGNATURE: *R. Brent Maggio* DATE: **1/16/96** DAYTIME PHONE #: **904-934-2810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)