

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

DOCUMENT # P94000022079 (5)

1. Corporation Name

ALTAMONTE REHAB, INC.



Principal Place of Business

277 DOUGLAS AVE
SUITE 1006
ALTAMONTE SPGS FL 32714
US

Mailing Address

1889 JESSICA CT.
WINTER PARK FL

2. Principal Place of Business

21 1655 N. PARK AVE

2a. Mailing Address

26 1655 N PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Park, FL

City & State

28 Winter Park, FL

Zip

24 32789

Country

25 USA

Zip

29 32789

Country

30 USA

9. Name and Address of Current Registered Agent

GRANT, ROBERT
277-1006 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

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]

3/25/96 407 6438907

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME GRANT, ROBERT
STREET ADDRESS 277-1006 DOUGLAS AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

DATE

Division of Corporations

CR2E034 (12/95)