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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1, Corporation Name

DOCUMENT # P94000022356 (7)

SIGNATURE: X CLUSTED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REHAB MANAGEMENT SPECIALISTS, INC.

Principal Place of Business Mailing Address  2927 KERRY FOREST PARKWAY 2727 KERRY FOREST STE. C C TALLAHASSEE FL 32308 TALLAHASSEE FL 3230					
US		US	,	3. Date Incorporated or Qualified 03/21/1994	3a. Date of Last Report 01/13/1995
21 1839 Buford Ct. 2			ru ct.	4. FEI Number Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	nassee, FL	City & State  28 Tall chasse  Zip	COUNTRY	Election Campaign Financing     Trust Fund Contribution     This corporation has liability for a	\$5.00 May Be Added to Fees
<sup>Zip</sup> 32308	Country  25 USA  9. Name and Address of Currer	29 32308	30 USA		□No
6811 SE/	I, CHRISTINA A ABISCUIT DRIVE ASSEE FL 32308		82 Street Addr	PAPTAIN, CHPIS ess (P.O. Box Number is Not Acceptate 375 MALLARD	ie) <u> </u>
or registered familiar with SIGNATURE	d agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authorized tion 607.0505, Florida Statutes.	s, the above named corpor d by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	roose of changing its registered office.
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME STREET ADDRESS	PT CAPTAIN, CHRISTINA A 6811 SEABISCUIT DRIVE	☐ DELETE	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	TALLAHASSEE FL VPS BLACK, M. KYMBERLY 6811 SEABISCUIT DRIVE	DETEIE	1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELETE	2.4 CITY-ST-719 3.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME  3.3 STREET ADDRESS  3.4 CITY - ST - 7IP		
NAME STREET ADDRESS		☐ DELETE	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 OTTY-ST-ZIP		Change Addition
DITY-SI-ZIP TITLE NAME STREET ADDRESS		[] DELFIE	5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-S1-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5 4 CHY - ST - ZIP 6 1 TITLE 62 NAME 63 STHEET ADDRESS		Change Addition
certify that		nual report or supplemental annu poration or the receiver or trustee	ual report is true and accui e empowered to execute th	for the exemption stated in Section 119 ale and that my signature shall have the his report as required by Chapter 607, F	

X 5/5 /96 X 877.8953