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 MAR 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045681

1. Corporation Name
Rehab Consultants of South Florida Inc.

Principal Place of Business
17807 Crooked Oak Avenue
Boca Raton, Fl 33487

Mailing Address
P.O. Box 77-1131
Coral Springs, FL 33077-1131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 17807 Crooked Oak Ave.
2a. Mailing Address: 26 17807 Crooked Oak Ave.
4. FEI Number: 65 0498764 — Applied For / Not Applicable
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required
City & State: 23 Boca Raton FL
City & State: 28 Boca Raton, Fl
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
Zip: 24 33487 Country: 25 USA
Zip: 29 33487 Country: 30 USA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Corporate Creations Enterprises Inc.
4521 PGA Boulevard, Suite 211
Palm Beach Gardens, FL 33418

10. Name and Address of New Registered Agent
81 Name: Luis E. Carrazana
82 Street Address (P.O. Box Number is Not Acceptable): 17807 Crooked Oak Avenue
83
84 City: Boca Raton FL 85 Zip Code: 33487

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: Luis E. Carrazana — Luis E. Carrazana / Secretary — Feb 21, 1995
(Signature, typed or printed name of registered agent and title, if any) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	President / Director
NAME	Copenhaver, Paul A
STREET ADDRESS	17807 Crooked Oak Avenue
CITY ST ZIP	Boca Raton, FL 33487
TITLE	Vice-President / Director
NAME	Donahue, Cynthia
STREET ADDRESS	17807 Crooked Oak Avenue
CITY ST ZIP	Boca Raton, Fl 33487
TITLE	Secretary / Director
NAME	Carrazana, Luis E.
STREET ADDRESS	17807 Crooked Oak Avenue
CITY ST ZIP	Boca Raton, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	Vice-President / Director	☑ Change ☑ Addition
2.2 NAME	Donahue, Cynthia	
2.3 STREET ADDRESS	17807 Crooked Oak Avenue	
2.4 CITY ST ZIP	Boca Raton, FL 33487	
3.1 TITLE	S/D	☑ Change ☑ Addition
3.2 NAME	Carrazana, Luis E.	
3.3 STREET ADDRESS	17807 Crooked Oak Avenue	
3.4 CITY ST ZIP	Boca Raton, FL 33487	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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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)(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 of changes, or on an attachment with an address.

SIGNATURE: Luis E. Carrazana — Feb 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BIONDIL OFFICER OR DIRECTOR — Date
LUIS E. CARRAZANA — (407) 684-0700 — Daytime Phone #