

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000064090 (1)**

1. Corporation Name
DIAMOND REHAB, INC.



Principal Place of Business: **913 GULF BREEZE PKWY. 38 GULF BREEZE FL 32561**
 Mailing Address: **913 GULF BREEZE PKWY. 38 GULF BREEZE FL 32561**

3. Date Incorporated or Qualified: **08/26/1994**
 3a. Date of Last Report: **02/20/1995**
 4. FEI Number: **59-3262231**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24, 29
 Country: 25, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'DONOVAN, CONNA G
 913 GULF BREEZE PKWY, 38
 GULF BREEZE FL 32561**

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: _____
(Signature of professional registered agent for this filing) (If filer, Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONOVAN, CONNA G	12. NAME	
STREET ADDRESS	913 GULF BREEZE PKWY, 38	13. STREET ADDRESS	
CITY-STATE-ZIP	GULF BREEZE FL	14. CITY-STATE-ZIP	32561
TITLE	DST <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERLIN, GINA L	22. NAME	
STREET ADDRESS	913 GULF BREEZE PKWY, 38	23. STREET ADDRESS	
CITY-STATE-ZIP	GULF BREEZE FL	24. CITY-STATE-ZIP	32561
TITLE	DP <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUYNN, JASON S	32. NAME	
STREET ADDRESS	913 GULF BREEZE PKWY, 38	33. STREET ADDRESS	
CITY-STATE-ZIP	GULF BREEZE FL	34. CITY-STATE-ZIP	32561
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: *Conna O'Donovan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Conna O'Donovan

1/19/96 904-932-1122
Date Due Phone #

CR2E034 (12/95)