ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM [illegible]

Date 4/28/95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085633 (3)

1. Corporation Name
MED-BAY REHAB, INC.

Principal Place of Business
8639 N. HIMES AVE., UNIT 2019
TAMPA FL 33614

Mailing Address
8639 N. HIMES AVE., UNIT 2019
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2320 W. Martin Luther King Jr. Blvd
Suite, Apt. #, etc.
22
City & State
23 Tampa, Fl
Zip
24 33607
County
25 Hillsborough

2a. Mailing Address
26 2320 W. Martin Luther King Jr Blvd
Suite, Apt. #, etc.
27
City & State
28 Tampa Fl
Zip
29 33607
County
30

4. FEI Number: 59-3280718 ☐ 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

9. Name and Address of Current Registered Agent

CHRISTIAN, PAUL
8639 N. HIMES AVE., UNIT 2019
TAMPA FL 33614

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHAEFER, MICHAEL T
STREET ADDRESS	~~8639 N. HIMES AVE., UNIT 2019~~ 2038 Iowa Avenue
CITY-ST-ZIP	~~TAMPA FL 33614~~ St Petersburg, Fl 33703
TITLE	D
NAME	CHRISTIAN, PAUL
STREET ADDRESS	8639 N. HIMES AVE., UNIT 2019
CITY-ST-ZIP	TAMPA FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	D	☒ Change ☐ Addition
1 2 NAME	Schaefer Michael T	
1 3 STREET ADDRESS	2038 Iowa Ave N.E	
1 4 CITY-ST-ZIP	St. Petersburg, Fl 33703	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
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		

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: [signature] President 3/13/95 (813) 879-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Paul Christian Date Daytime Phone #

0297080 CP