

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 # P95000011859 (2)

1. Corporation Name
NUOVO REHAB, INC.



Principal Place of Business: 3350 S. OSPREY SARASOTA FL 34239
Mailing Address: 3350 S. OSPREY SARASOTA FL 34239

3. Date Incorporated or Qualified: 02/10/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0572192
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: [X] Yes [] No

2. Principal Place of Business: 21 1853 WOODHAVEN Cir
Suite, Apt. #, etc.: [Blank]
22. City & State: 23 SARASOTA, FL
Zip: 24 34232 Country: 25 [Blank]
2a. Mailing Address: 26 1853 WOODHAVEN Cir
Suite, Apt. #, etc.: [Blank]
27. City & State: 28 SARASOTA, FL
Zip: 29 34232 Country: 30 [Blank]

g. Name and Address of Current Registered Agent: AMATO, VITO 3350 S. OSPREY SARASOTA FL 34239
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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 officer 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] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	1.1 TITLE	[X] Change [] Addition
NAME	AMATO, VITO	1.2 NAME	
STREET ADDRESS	3350 S. OSPREY	1.3 STREET ADDRESS	1853 WOODHAVEN Cir
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: MAR 27 1996 Daytime Phone #: 921-7462

CR2E034 (12/95)