

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000013849 (1)**

1. Corporation Name

**FIRST CHOICE REHABILITATION SERVICES OF FLORIDA,
INCORPORATED**

Principal Place of Business

1705 SO. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

1705 SO. ADAMS STREET
TALLAHASSEE FL 32301-3406

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HAYNES, CHERYL D.
1705 S ADAMS ST, STE C
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 02/17/1985	3a. Date of Last Report 04/17/1996	
4. FEI Number 59-3312262	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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

Cheryl D. Haynes

4/25/97

CR2E034 (9/96)

Signature, typed or printed name of reg. agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE PT</p> <p>NAME BRICKLER, MILDRED P</p> <p>STREET ADDRESS 1000 BRANDT DR</p> <p>CITY-ST-ZIP TALLAHASSEE FL 32308</p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p>
<p>TITLE VS</p> <p>NAME HAYNES, CHERYL D.</p> <p>STREET ADDRESS 801 FANCEE ST</p> <p>CITY-ST-ZIP TALLAHASSEE FL</p>	<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME HAYNES, CHERYL D.</p> <p>2.3 STREET ADDRESS 207 YOUNG ST</p> <p>2.4 CITY-ST-ZIP TALLAHASSEE, FL 32301</p>
	<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p>
	<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p>
	<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p>
	<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

Cheryl D. Haynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(904) 222-6900

Date Daytime Phone #

0045658