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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000036888 (2)**

1. Corporation Name

UNITED REHAB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
603 MAIN ST WINDERMER FL 34786-1100	P O BOX 1100 WINDERMER FL 34786-1100

2. Principal Place of Business 21 603 Main Street Suite, Apt. #, etc 22 P.O. Box 1100 City & State 23 Windermere, FL Zip 24 34786 Country 25 USA	2a. Mailing Address 26 603 Main Street Suite, Apt. #, etc 27 P.O. Box 1100 City & State 28 Windermere, FL Zip 29 34786 Country 30 USA

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report:
4. FEI Number: 59-3313104 ☐ 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	10. Name and Address of New Registered Agent
BARKMAN, KEVIN 603 MAIN ST WINDERMER FL 34786-1100	81 Name: Dizney, Donald R. 82 Street Address (P.O. Box Number is Not Acceptable): 603 Main Street 83 Windermere, FL 34786-1100 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] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIZNEY, DONALD R P O BOX 1100 WINDERMERE FL 34786-1100	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CsD Dizney, Donald R. 603 Main St., Windermere, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGLISH, JAMES E P O BOX 1100 WINDERMERE FL 34786-1100	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PsD English, James E. 603 Main St., Windermere, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKMAN, KEVIN P O BOX 1100 WINDERMERE FL 34786-1100	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VS Barkman, Kevin 603 Main St., Windermere, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Delehunt, Janine S. 603 Main St., Windermere, FL	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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)(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: Janine S Delehunt Janine S. Delehunt 3/20/96 407) 876-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #