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

APPROVED AND FILED
96 SEP -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067597 (1)

1. Corporation Name

TOTAL REHAB, INC.

Principal Place of Business	Mailing Address
2115 CLIFTON DR. VALRICO FL 33594	2115 CLIFTON DR. VALRICO FL 33594

3. Date Incorporated or Qualified: 08/31/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1903 W. Lumsden Road
Suite, Apt. #, etc.
22 Brandon, FL
City & State
23
24 Zip 33511
25 Country Hillsborough

2a. Mailing Address
26 1903 W. Lumsden Rd.
Suite, Apt. #, etc.
27
City & State
28 Brandon, FL
29 Zip 33511
30 Country Hillsborough

4. FEI Number: 65-0623360 ☐ 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

EDWARDS, JAMIE
2115 CLIFTON DR.
VALRICO FL 33594

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, JAMIE		1.2 NAME		
STREET ADDRESS	2115 CLIFTON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME			2.2 NAME	Kevin V. Donofrio	
STREET ADDRESS			2.3 STREET ADDRESS	2224 Glenmist Dr.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	400001946874	
STREET ADDRESS			3.3 STREET ADDRESS	-09/13/96--01028--003	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****225.00 ****225.00	
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)(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 added by an amendment with an address.

SIGNATURE: _____ 8-29-96 (813)651-8937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)