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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088085 (2)

1. Corporation Name
REHAB SPECIALISTS INC. - EAST COAST

Principal Place of Business
478 BALLARD RD. SUITE 16
MELBOURNE FL 32935

Mailing Address
478 BALLARD RD. SUITE 16
MELBOURNE FL 32935-6849



2. Principal Place of Business

21 3270 Suntree Blvd.

Suite, Apt. #, etc.

22 Suite # 212

City & State

23 Melbourne

Zip

24 FL

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3348025

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

CASINGAL, JOCELYN
478 BALLARD RD, SUITE 16
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
Rehab Specialists-East Coast

82 Street Address (P.O. Box Number is Not Acceptable)

3270 Suntree Blvd

83 Suite 212

84 City Melbourne

FL

85 Zip Code
32940

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

03/03/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D CASINGAL, JOCELYN
478 BALLARD RD, SUITE 16
MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
SECRETARY TREASURER
CASINGAL, JOCELYN
3270 Suntree Blvd Suite 212
Melbourne FL 32940

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOCELYN CASINGAL

01/22/97

(407) 255-9546

Date Daytime Phone #

CR2E034 (9/96)