

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *By 1/15/99*

**98 99 AR**

APPLICATION FOR REINSTATEMENT OF THE FLORIDA DEPARTMENT OF STATE  
FOR **B. Morham**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000000940**

1. Corporation Name  
**DAILY REHABILITATION INSTITUTE OF PONTE VEDRA, INC.**

Principal Place of Business      Mailing Address  
**200 SOLANO ROAD  
PONTE VEDRA FL 32082**      **200 SOLANO ROAD  
PONTE VEDRA FL 32082**

If above addresses are incorrect in any way, line through incorrect information and enter correct below.

2. New Principal Office Address, If Applicable  
**4225 82nd AVE North**  
Suite, Apt. #, etc.  
City & State  
**Seminole Fla.**  
Zip  
**33777**      Country  
**Pinellas**

3. New Mailing Office Address, If Applicable  
**703 60th ST. CT. East**  
Suite, Apt. #, etc.  
**Suite 703 C**  
City & State  
**Brentwood Fla.**  
Zip  
**34204**      Country  
**Manatee**

**99 MAR 18 AM 8:49**  
**FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA**



**200002819112--8**  
**-03/26/99--01004--028**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
4. Date Incorporated or To Do Business in Florida  
**12/27/1995**

5. FEI Number  
**59-3351043**      Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>D</del>	<del>DAILY, DAVID M</del>	<del>200 SOLANO ROAD</del>	<del>PONTE VEDRA FL 32082</del>
<del>D</del>	<del>DAILY, PENELOPE F</del>	<del>200 SOLANO ROAD</del>	<del>PONTE VEDRA FL 32082</del>
D	David V. Hall	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
Pres.	David V. Hall	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
VP	Frank L. Lattrelllo	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
Secy	Michael J. Kitchen	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202

8. Name and Address of Current Registered Agent  
**DAILY, DAVID M  
200 SOLANO ROAD  
PONTE VEDRA FL 32082**

9. Name and Address of New Registered Agent  
Name  
**Laura G. More**  
Street Address (P.O. Box Number is Not Acceptable)  
**703 60th ST. CT. E, Suite C**  
Suite, Apt. #, Etc.  
City  
**Brentwood**

**200002819112--8**  
**-03/26/99--01004--028**  
**\*\*\*\*150.00 \*\*\*\*150.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent *[Signature]*      Date: **2/15/99**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.      Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*      **Michael J. Kitchen, Secy. 2/11/99 502 568 8923**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #



- DO NOT REMOVE -

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## IN-HOUSE REHAB, INC.

*A partner in patient care*

State of Florida  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Daily Rehabilitation Institute EIN 59-3351043

To Whom It May Concern:

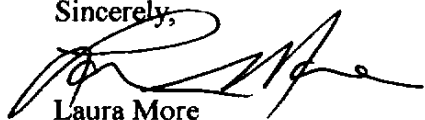
We are in receipt of the Notice of Administrative Dissolution or Revocation for Daily Rehabilitation Institute. It was forwarded to us from the Jacksonville location for Daily Rehabilitation, which was closed 4/27/98. Daily Rehabilitation Institute has moved its primary treatment site to another location, and made this regional office as its correspondence address. Unfortunately, we did not receive the original notice; we have had significant difficulty with our forwarding through the post office and assume that it was misrouted.

Enclosed you will find the 1998 annual report, as requested, the reinstatement form, and a check for \$150.00. We were informed that, since we had not received the original notice, that a reinstatement fee of \$150 would be levied to assure that our corporation maintained its status.

Note that our annual report is for our entire corporation. Daily Rehabilitation Institute was purchased by In-House Rehab in December of 1996. We have retained the name and the federal employer number, but maintain complete control over clinical and financial operations.

Please contact me if you have any questions or concerns. You may reach me at 1-800-398-6825.

Sincerely,



Laura More