

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000001960 (9)**

1. Corporation Name  
**TOTAL BODY REHAB, INC.**



Principal Place of Business <b>112 SOUTH LAKE AVENUE ORLANDO FL 32801</b>	Mailing Address <b>112 SOUTH LAKE AVENUE ORLANDO FL 32801-2704</b>
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3. Date Incorporated or Qualified <b>01/05/1996</b>	3a. Date of Last Report <b>-</b>
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2. Principal Place of Business 21 <b>5217 W. Colonial Drive</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5082 W. Colonial Drive</b> Suite, Apt. #, etc.
22 <b>Orlando, FL</b> City & State	27 <b>Suite 198</b> City & State
23 <b>32808</b> Zip <b>USA</b> Country	28 <b>Orlando, FL</b> City & State
24 <b>32808</b> Zip <b>USA</b> Country	29 <b>32808</b> Zip <b>USA</b> Country

4. FEI Number <b>59-3352142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLACK, RONALD W 112 SOUTH LAKE AVENUE ORLANDO FL 32801</b>
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10. Name and Address of New Registered Agent 81 Name <b>Heidi L. Roudie (delete)</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5217 W. Colonial Drive</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32808</b>
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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: **He Roudie, President** DATE: **2/3/97**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BLACK, RONALD W</b>
STREET ADDRESS	<b>112 SOUTH LAKE AVENUE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>President/Director (P/D)</b> <input type="checkbox"/> DELETE
NAME	<b>Heidi L. Roudie</b>
STREET ADDRESS	<b>5217 W. Colonial Drive</b>
CITY-ST-ZIP	<b>Orlando, FL 32808</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Heidi Roudie, President** DATE: **2/3/97** DAYTIME PHONE: **407-298-4769**

CR2E034 (9/96)