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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035444 (4)

FANNIN REHAB SERVICES, INC.

Principal Place of Business

Mailing Address

2929 E. COMMERCIAL BLVD. STE 308 FORT LAUDERDALE FL 33308 2929 E. COMMERCIAL BLVD. STE 306 FORT LAUDERDALE FL 33308-4219

FILED May 06 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

04/23/1996

2. Principal Pl	Principal Place of Business			2a. Mailing Address				4. FEI Number	Α	Applied For	
18455 F	annin	1	26	26				65-0660926	lot Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
25uite	В		27					5. Certificate of Otalos Desired	Fee R	Required	
City & State	City & State	& State			6. Election Campaign Financing \$5.00 May Be						
Houst	on, I		28					Trust Fund Contribution			
_ Zip						ountry		8. This corporation has liability for intangible ta		s. 199.032,	
7 705	9. Name and Address of Current Registered Agent						Florida Statutes Yes No				
<u> 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>			of Current Registe	red Agent		81		10. Name and Address of New Registered Ag	ant		
OMMOCEO, ECOMAND IN							Name				
							62 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 400							B3				
FORT LAUDERDALE FL 33301											
							City		85 Zip	Code	
							·	FL			
11. Pursuant t	to the provis	sions of Section	ns 607.0502 and 607	1508, Florida Statut	es, the al	bove	named corpo	pration submits this statement for the purpose of cl	anging	its registered	
onice or ro and interest.	egistered a: m fam iliar w	gent, or both, i ith, and accep	n the State of Florida of the obligations of, I	Such change was a Section 607 0505, Fit	aumonze orida Stal	a oy lutes.	ine corporaiic	on's board of directors. I hereby accept the appoir	unent a:	s registered	
SIGNATURE			-								
DIGITATIONE	Signature, type	d or printed name of	registered agent and title if	applicable. (NO)	t : Hagistere	d Ager	n! signature require	d when reinstating) DATE.			
12.		OFF	ICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND D		RS IN 12	
IUTE	D			DELETE	1.1 70	TLE		L.] Change		
NAME -		BERG, RALH			1.2 N	AME					
STREET ADDRESS						TREET /	ADDRESS				
CITY-ST-ZIP	FORT L	AUDERDALE	FL 33308		1.4 C	ITY-S1	- ZIP			ļ i	
TITLE				DELFTE 2.1 T		TLE			Change	Addition	
NAME (%)					2.2 N	AME				ĺ	
STREET ADDRESS					2.3 S	TREET	ADDRESS			Ì	
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Me a				DELETE	3.1 T	TLE] Change	Addition	
NAME					3.2 N	AME					
STREET ADORESS					335	TREET	ADDRESS				
CITY-ST-ZIP					34.0	ity-s	T-7IP				
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NAME					4.21	IAME			-		
STREET ADDRESS							ADORESS				
CITY-ST-ZIP						ITY-\$1					
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NAME					5.2 N			• • • • • • • • • • • • • • • • • • •			
							ADDRECC				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				DELETE	5.4 C 6.1 T	ITY - \$1	1 - £1P		Change	Addition	
TITLE				- outle				_	п опанде		
NAME :					6.2 N						
STREET ADDRESS					6.3 S	TREET	ADDRESS				
CITY-ST-Z#P					6.4 C	(TY - S)	I · ZIP		.''		
14. I do heret Informatio I am an o	by certify the on indicated officer or dire	at the informat on this annua octor of the co	ion supplied with this I report or suppleme rporation or the recei	stiling does not quali ntal annual report is ver or trustee empoy	ty for the true and verse to	exec execu	mption stated rate and that i ute this report	in Section 119.07(3)(i), Florida Statutes. I further omy signature shall have the same legal effect as it as required by Chapter 607, Florida Statutes; and	ertify tha made u that my	at the inder oath; that name	