

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 22 1997 8:00am  
Secretary of State

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P96000042833 (9)

1. Corporation Name  
HSS REHAB SERVICES OF FLORIDA, INC.



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| Principal Place of Business<br>6245 NORTH FEDERAL HIGHWAY STE 400<br>FORT LAUDERDALE FL 33308 | Mailing Address<br>6245 NORTH FEDERAL HIGHWAY STE 400<br>FORT LAUDERDALE FL 33308 |
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DO NOT WRITE IN THIS SPACE

|   |  |   |                              |                             |                               |  |  |  |
|---|--|---|------------------------------|-----------------------------|-------------------------------|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>05/20/1996 | 3a. Date of Last Report<br>8 | 4. FEI Number<br>65-0666687 | Applied For<br>Not Applicable | 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required | 6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent<br>SHIELDS, BOBBY L<br>592 NORTHWEST 111TH TERRACE<br>CORAL SPRINGS FL 33071 | 10. Name and Address of New Registered Agent<br>81 Name SAME<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>6245 N. FEDERAL HIGHWAY<br>83 # 500<br>84 City FT. LAUDERDALE FL 85 Zip Code 33308 |
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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 *[Signature]* DATE 9/15/97  
(NOTE: Registered Agent signature required when reinstating)

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| 12. OFFICERS AND DIRECTORS<br>TITLE D<br>NAME BARNHILL, JEFFREY A<br>STREET ADDRESS 6245 NORTH FEDERAL HIGHWAY STE 400<br>CITY-ST-ZIP FORT LAUDERDALE FL 33308<br>[ ] DELETE<br>TITLE [ ] DELETE<br>NAME [ ] DELETE<br>STREET ADDRESS [ ] DELETE<br>CITY-ST-ZIP [ ] DELETE<br>TITLE [ ] DELETE<br>NAME [ ] DELETE<br>STREET ADDRESS [ ] DELETE<br>CITY-ST-ZIP [ ] DELETE<br>TITLE [ ] DELETE<br>NAME [ ] DELETE<br>STREET ADDRESS [ ] DELETE<br>CITY-ST-ZIP [ ] DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE P.D.J.<br>1.2 NAME CHASS, RONALD A.<br>1.3 STREET ADDRESS 6245 N. FEDERAL HIGHWAY #500<br>1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33308<br>2.1 TITLE VP, S<br>2.2 NAME SHIELDS, BOBBY L.<br>2.3 STREET ADDRESS 6245 N. FEDERAL HIGHWAY #500<br>2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33308<br>3.1 TITLE [ ] Change [ ] Addition<br>3.2 NAME [ ] Change [ ] Addition<br>3.3 STREET ADDRESS [ ] Change [ ] Addition<br>3.4 CITY-ST-ZIP [ ] Change [ ] Addition<br>4.1 TITLE [ ] Change [ ] Addition<br>4.2 NAME [ ] Change [ ] Addition<br>4.3 STREET ADDRESS [ ] Change [ ] Addition<br>4.4 CITY-ST-ZIP [ ] Change [ ] Addition<br>5.1 TITLE [ ] Change [ ] Addition<br>5.2 NAME [ ] Change [ ] Addition<br>5.3 STREET ADDRESS [ ] Change [ ] Addition<br>5.4 CITY-ST-ZIP [ ] Change [ ] Addition<br>6.1 TITLE 7000002299127<br>6.2 NAME -09/22/97--01032--016<br>6.3 STREET ADDRESS ***550.00<br>6.4 CITY-ST-ZIP [ ] Change [ ] Addition |
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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]* DATE 9/22/97

CR2E034 (4/97)