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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

DOCUMENT # P9600050161 (4) EMERALD COAST DIAGNOSTIC AND REHABILITATION CENTER, INC.											
Principal Plac	e of Business	Mailing A	Mailing Address				T TOBANGOT THE HOUSE BLUIL BOOM OFF	H BONN BOND BH	il dakat iseta si	IN IIN IN IN I	
1042 JENKS	AVENUE	1042 JE!	1042 JENKS AVENUE PANAMA CITY FL 32401								
PANAMA CIT	Y FL 32401						DO NOT WRITE IN THIS SPACE				
						3 0	ate Incorporated or Qualifie		SPACE		
						1 '	06/10/1996	u			
2. Principal P	Place of Business	2a. Mailing	g Address				I Number	······································	- IAc	plied For	
21		26	26				59-3394092		- 1 -	ot Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				ertificate of Status Desired		\$8.75		
22		27	_				Timicale of Status Desired		Føe Re	polited	
City & Stat	te	City &	City & State			I	ection Campaign Financing ust Fund Contribution	<u> </u>	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Countr	y		is corporation owes or has			_ ~	
24	25	29		30			rsonal Property Tax due Ju ame and Address of New			J No	
	9. Name and Address of Currer	II Hegistered A	ıgeni	81	Name	10. NE	ime and Address of New	Hegistered .	Agent		
ALBRITTON, RICHARD J R.											
1042 JENKS AVENUE PANAMA CITY FL 32401				82	Street A	ddress (P.O.	Box Number is Not Accep	table)			
FA	GRAMA CITT PL 32401			63							
				<u> </u>	1						
				84	City			FL	85 Zip (Code	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig)2 and 607.1508 of Horida Suc	3, Florida Statu h change was	tes, the above	e-named o y the corp	corporation si oration's boar	ubmits this statement for th rd of directors. I hereby ac	e purpose o	changing it	s registered registered	
_	im tartillar with, and accept the oblig	ations of, Section	90 607.0505, FI	orida Statute	S .						
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicat	ala (NO	TE Registered Ag	ont signature I	equired when rein	slating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.		ADI	DITIONS/CHANGES TO OF	FICERS AND		IS IN 12	
TITLE			DEFELE	1.1 TITLE		☐ Cha		Change	Addition :		
NAME					1.2 NAME						
STREET ADDRESS	104 LOYOLA LANE				1.3 STREET ADDRESS					Į;	
CITY-ST-ZIP	PANAMA CITY FL 32405		Deverse	1.4 CITY -	ST-ZIP				T I Obsess	Addition	
TITLE	D DATE PART PARTIES VALUE		☐ DELETE	21 TITLE	- 1				Change	Addition	
NAME	MCLEAN, KATHRYN L			2.2 NAME 2.3 STREET ADDRES							
STREET ADDRESS	307 PETREL STREET PANAMA CITY BEACH FL 32	2412								ļ.	
CITY-ST-ZIP TITLE	PARAMA CITT BEACH PL 32	:413	DELETE	2 4 CITY- 3.1 TITLE	SI-ZIP				Change	Addition	
NAME				32 NAME	1						
STREET ADORESS					ADDRESS					}	
CITY-ST-ZIP				3.4. CITY-	I						
TITLE			DELETE	4.1 TATLE	<u> </u>				Change	Addition	
NAME				4. 2 NAME	Į					· [
STREET ADDRESS				4.3 STREE	ADORESS						
CITY-ST-ZIP				4.4 CITY-	ST-ZIP						
TITLE			DELETE	5.1 TITLE					Change	☐ Addition	
NAME				5.2 NAME	1						
STREET ADDRESS				5 3 STREE	ADDRESS					1	
CITY-S1-ZIP				5.4 CITY-1	ST-ZIP						
TITLE			DELETE	61 TITLE	-				Change	☐ Addition	
NAME				62 NAME	1						
STREET ADDRESS					ADDRESS						
City-St-ZiP	certify that the information supplied w	ith this filing do	as not qualify f	or the every		1 in Section 1	19 07(3)(i) Florida Statutos	I further co	rtifu that the	information	

4. I 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 frustee 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:

CHERIE C. SULLIVAN

Chewaselwan

3/9/95

(850)169-9008

vtime Phone # AAAAA