

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089073 (6)

1. Corporation Name
REHAB THERAPY ASSOCIATES SERVICES, INC.



Principal Place of Business
2906 KENILWORTH BOULEVARD
SEBRING FL 33870

Mailing Address
2906 KENILWORTH BOULEVARD
SEBRING FL 33870-4307

3. Date Incorporated or Qualified 10/29/1996
3a. Date of Last Report

2. Principal Place of Business
21 2906 KENILWORTH BLVD.
Suite, Apt. #, etc.

2a. Mailing Address
26 2906 KENILWORTH BLVD.
Suite, Apt. #, etc.

4. FFL Number 65-0702799
Applied For Not Applicable

22 City & State SEBRING FLORIDA

27 City & State SEBRING FLORIDA

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 33870 Country HIGHLANDS

28 Zip 33870 Country HIGHLANDS

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name CRISANTO G. TUAZON
82 Street Address (P.O. Box Number is Not Acceptable) 2906 KENILWORTH BLVD.
83
84 City SEBRING FL 85 Zip Code 33870

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 CRISANTO G. TUAZON - ADMINISTRATOR DATE 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TUAZON, CRISANTO G	
STREET ADDRESS	2906 KENILWORTH BOULEVARD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CAMINO, WILMORE ROY	
STREET ADDRESS	2906 KENILWORTH BOULEVARD	
CITY-ST-ZIP	SEBRING FL 33870	
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 address.

SIGNATURE: CRISANTO G. TUAZON - ADMINISTRATOR DATE: 4-29-97 (941) 386-9444

CR2E034 (9/96)