2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P9700000313 1. Entity Name FUNCTIONAL REHABILITATION, INC. 03-22-2000 90081 001 ***150.00 Mailing Address Principal Place of Business 1440 CORAL RIDGE DR. 1440 CORAL RIDGE DR. SUITE 293 SUITE 293 UCULAUUU CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-5433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0719947 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIMSLEY, CHARLES J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1880 BRICKELL AVE. **MIAMI FL 33129** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD TITLE Addition TITLE ☐ Delete NAME SMITH, KAREN G NAME STREET ADDRESS STREET ADDRESS 4363 CARAMBOLA CIRCLE NORTH CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Addition Change ☐ Delete TITLE NAME ...a.: ADDRESS STREET ADDRESS ST ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME · · «Nuntrida STREET ADDRESS CITY-ST-7IP ST ZIP Addition ☐ Delete TITLE NAME ADDOCÇÇ STREET ADDRESS CITY-ST-ZIP ST ZIP

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other line ampowered.

....ATURE:

Daytime Phone #