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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000024699 (5)

1. Corporation Name
KEY REHAB, INC.

Principal Place of Business

10014 NORTH DALE MABRY HWY.
SUITE 101 #68
TAMPA FL 33618

Mailing Address

10014 NORTH DALE MABRY HWY.
SUITE 101 #68
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

59-3436503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8313 W. Hillsborough Ave

Suite, Apt. #, etc.

22 260

City & State

23 Tampa FL

24 33615

Country
25 USA

2a. Mailing Address

26 8313 W. Hillsborough Ave

Suite, Apt. #, etc.

27 260

City & State

28 Tampa FL

29 33615

Country
30 USA

9. Name and Address of Current Registered Agent

GOETZ, GALEN
689 DELTONA BLVD.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME W. Stewart Swain
STREET ADDRESS 6000 meadowbrook Mall #200
CITY-ST-ZIP Clemmons NC 27012

TITLE VP
NAME Laverne P. Herzog
STREET ADDRESS 689 Deltona Blvd
CITY-ST-ZIP Deltona FL 32725

TITLE VP
NAME Ben Atkins
STREET ADDRESS 8313 W Hillsborough Ave #260
CITY-ST-ZIP Tampa FL 33615

TITLE VP
NAME Jewel Austin
STREET ADDRESS 2928 Winding Way
CITY-ST-ZIP Lilburn GA 30247

TITLE VP
NAME M. Rebecca Muenchow
STREET ADDRESS 6000 meadowbrook Mall #200
CITY-ST-ZIP Clemmons NC 27012

TITLE VP
NAME Faye J. Hutchins
STREET ADDRESS 6000 meadowbrook Mall #200
CITY-ST-ZIP Clemmons NC 27012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

CR2E034 (10/97)