FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

[illegible] 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S11553** **(2)**

1. Corporate Name
NATIONAL REHAB OF FLORIDA, INC.

Principal Place of Business
11681 49TH STREET NORTH, STE 15
CLEARWATER FL 34622

Mailing Address
11681 49TH STREET NORTH, STE 15
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/06/1990**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21
Suite Apt # etc.
22
City & State
23
Zip 24 25

2a. Mailing Address
26 1300 Route 73
Suite Apt # etc.
27 Suite 205
City & State
28 Mt Laurel NJ
Zip 29 08054 30 USA

4. FEI Number: **59-3131743** 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 has totally foreignized tax under S. 193.025, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
SAKOL, DARYL
3021 MOCKINGBIRD CT.
CLEARWATER FL 34622

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 607.0505 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

12. OFFICERS AND DIRECTORS

~~D~~
~~SAKOL, DARYL~~
~~3021 MOCKINGBIRD CT.~~
~~CLEARWATER FL~~

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition
P/D
Craig Porter
715 Brandywine Drive
Moorestown, NJ 08057

☐ Change ☒ Addition
SIT
Jack Brown
511 S 18th Street
Philadelphia, PA 19146

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in an attachment with an addition.

SIGNATURE: Jack N Brown 5/9/95 609-778-1166
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0398605 CP