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Apr 21 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 # S11553 (2)
1. Corporation Name
NATIONAL REHAB OF FLORIDA, INC.

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

Mailing Address
1300 RT 73
SUITE 205
MT LAUREL NJ 08054-2200
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1990	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3131743		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAKOL, DARYL 3021 MOCKINGBIRD CT. CLEARWATER FL 34622		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, CRAIG	1.2 NAME	PORTER, CRAIG
STREET ADDRESS	715 BRANDYWINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JACK	2.2 NAME	
STREET ADDRESS	511 S 18TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAIMAN, S LAURENE	3.2 NAME	
STREET ADDRESS	1411 WALNUT ST SUITE 1015	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, DON	4.2 NAME	
STREET ADDRESS	6125 MEMORIAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULSEN, LANCE	5.2 NAME	
STREET ADDRESS	6125 MEMORIAL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRETT, REBECCA	6.2 NAME	
STREET ADDRESS	6125 MEMORIAL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	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, on an attachment with an address.

SIGNATURE _____ DATE 4/14/97

CR2E034 (9/96)