FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **S24469** **(6)**

1. Corporation Name
DOCTORS SPINAL REHABILITATION CENTER, INC.

Principal Place of Business:
1601 BELVEDERE RD., #500-E
WEST PALM BEACH FL 33406

Mailing Address:
1601 BELVEDERE RD., #500-E
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified: 01/11/1991
3a. Date of Last Report: 11/28/1994
4. FEI Number: 65-0247132 — [ ] 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 liability for intangible tax under Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 / 25
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 / 30

9. Name and Address of Current Registered Agent

KAPLAN, ERIC S
1601 BELVEDERE RD., #500-E
WEST PALM BEACH FL 33406

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. [illegible]

SIGNATURE:

12. Officers and Directors

Title	Name / Address
D	KAPLAN, ERIC 648 US HWY ONE N. PALM BEACH FL
D	HIRSCH, JULIAN 648 US HWY ONE N. PALM BEACH FL

13. Additions/Changes to Officers and Directors

Title	Name / Address	Change / Addition
P/T		[X] Addition
S	Cuden, Craig T. 1601 Belvedere Rd., #500 East West Palm Beach, FL 33406	[X] Change

14. [illegible]

SIGNATURE: Craig T. Cuden — 4-27-95 — 407-684-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig T. Cuden

0246405 CP