CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:53

DOCUMENT # S34086 (6)

1. Corporation Name
CAMBRIDGE REHABILITATION CENTER OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 177 BALDWIN SQUARE<br>FAIRHOPE AL 36532<br>US | 177 BALDWIN SQUARE<br>FAIRHOPE AL 36532<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 06/02/1994

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 58-1931937 ☐ 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 S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | WHITE, RICHARD B. | 12 NAME | | |
| STREET ADDRESS | P.O. BOX 615 N/A | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MONTROSE AL 36559 | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | VICE PRESIDENT | ☑ Change ☐ Addition |
| NAME | TURNER, A. RONALD | 22 NAME | TURNER, A. RONALD | |
| STREET ADDRESS | 6328 MACHAURIN DR. | 23 STREET ADDRESS | 4140 MONTALVO PL | |
| CITY-ST-ZIP | TAMPA FL 33647 | 24 CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | V | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | GILBERT, MARY S. | 32 NAME | | |
| STREET ADDRESS | RT 5 BOX 291 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | ATHENS AL 35611 | 34 CITY-ST-ZIP | | |
| TITLE | ST | 41 TITLE | ST | ☑ Change ☐ Addition |
| NAME | O'DANIEL, ROBERT B. | 42 NAME | O'DANIEL, ROBERT B. | |
| STREET ADDRESS | 21598 CO. RD. #13 | 43 STREET ADDRESS | 17640 COUNTY ROAD 27 | |
| CITY-ST-ZIP | FAIRHOPE AL 36532 | 44 CITY-ST-ZIP | FAIRHOPE, AL 36532 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do 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)(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: Robert B O'Daniel 5/10/95 334 990-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471648 FP