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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # \$54365

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EDWARDS REHABILITATION SERVICES, INC.

| A Lin Substitute of the court | Recognition. | Mailing Address | | | | 14011010 101 05111 01000 11110 11101 0114 1 | HEIN HAN OM | JIJII BHA | | |
|--|--|----------------------------------|--|---|--|--|-------------------------------------|--------------------------|-----------------------|--|
| Pricaipal Place of Business Mailing Address 3410 STALL RD. 3410 STALL RD. | | | | | | | | | | |
| TAMPA FL 33618 | | TAMPA FL 33618-2901 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 05/20/1991 | 3a. Date 05/01/ | | eport | |
| 2. Principal Place o | of Businesis | 2a. Mailing Address | | | | 4. FEI Number | **** | Ap | plied For | |
| 1 | | 26 | | | | 59-3075739 | | No | t Applicable | |
| Succ. Apt.#. 6k | i. | Suite Apt. #, etc. | | | | 5. Certificate of Status Desired | | 88.75 ∂ Fee Re | Additional equired | |
| ≝t. - Orty & State | | City & State | | | ************* | 6. Election Campaign Financing | | \$5.00 | May Re | |
| 3 | | 28 | | | | Trust Fund Contribution | | Added 1 | • | |
| Ζ-ρ | Country Zip | | Country | | | 8. This corporation has liability for it | or intangible tax under s. 199.032, | | | |
| 4 | 25 | 29 | 30 | | | Florida Statutes Yes | | | | |
| | Name and Address of Cu | rrent Registered Agent | | . | | 10. Name and Address of New Re | glstered Ag | ent | | |
| | AIT, EDWARD F. | | | 81 N | amo | | | | | |
| 3410 ST/ | | | - | 82 S | reet Addr | ess (P.O. Box Number is Not Acceptab | le) | ***** | | |
| tampa f | L 33618 | | - | | | | | | | |
| | | | [' | 83 | | • | | | | |
| | | | | 84 C | ity | | FL | 85 Zip (| Code | |
| 13 Programat to the | creasisters of Sections 607 | 0502 and 607 1508 Florida Sta | atutes the ah | ove-na | med core | voration submits this statement for the n | | angino it | s registerer | |
| office or region | ered agent or both, in the S | tate of Florida, Such change wa | as authorized | by the | corporat | oration submits this statement for the p ion's board of directors. I hereby accep | the appoin | tment as | registered | |
| V | es ar with, and accept the o | bil gations of, Section 607.0505 | , Florida Statu | ites. | | | 0/11 | | | |
| | dward (Da | rthwait | NCMF Demistared | Anont si | and we say us | ed when reinstating) | 3/14/ S | // | | |
| 12. | and the second s | AND DIRECTORS | 13. | Agmit sig | Ji karore regum | ADDITIONS/CHANGES TO OFFICE | FRS AND D | IRECTOR | RS IN 12 | |
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SIGNATURE

Ward & Louthwall Signal Up and type of prented name of signing officer on director

3/14/97

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Secretary of State