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**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V03867 (1)

1. Corporation Name

MED-THERAPY REHABILITATION/FLORIDA, INC.

Principal Place of Business

**1345 4TH ST SR NW
HICKORY NC 28601**

Mailing Address

**1345 4TH ST SR NW
HICKORY NC 28601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1991

3a. Date of Last Report

02/23/1994

4. FEI Number

56-1762876

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**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD**
NAME **DAVIS, TOM L. II**
STREET ADDRESS **1331 4TH ST DR, N.W.**
CITY- ST- ZIP **HICKORY NC**

TITLE **PD**
NAME **WAY, ANTHONY B.**
STREET ADDRESS **1345 4TH ST DR, N.W.**
CITY- ST- ZIP **HICKORY NC**

TITLE **AVPD**
NAME **BERRY, CYNTHIA J**
STREET ADDRESS **1345 4 ST DR NW**
CITY- ST- ZIP **HICKORY NC**

TITLE **S**
NAME **FISHER, EVANS W.**
STREET ADDRESS **1331 4TH ST DR, N.W.**
CITY- ST- ZIP **HICKORY NC**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) Please Print