

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V03867** (1)

1. Corporation Name

**MED-THERAPY REHABILITATION/FLORIDA, INC.**



Principal Place of Business

Mailing Address

1345 4TH ST SR NW  
HICKORY NC 28601

1345 4TH ST SR NW  
HICKORY NC 28601

3. Date Incorporated or Qualified

12/31/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 **111 Westwood Place**

2a. Mailing Address

26 **111 Westwood Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 210**

27 **Suite 210**

City & State

City & State

23 **Brentwood, TN**

28 **Brentwood, TN**

Zip

Country

Zip

Country

24 **37027-5021**

25 **USA**

29 **37027-5021**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **P Dow Wontley**  
1.3 STREET ADDRESS **139 E. South Temple, Suite 600**  
1.4 CITY-ST-ZIP **Salt Lake City, UT 84111**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **S Sidney Boone**  
2.3 STREET ADDRESS **15415 Katy Freeway, Suite 800**  
2.4 CITY-ST-ZIP **Houston, TX 77094**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **B. W. Frank**  
3.3 STREET ADDRESS **15415 Katy Freeway, Suite 800**  
3.4 CITY-ST-ZIP **Houston, TX 77094**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D Edward L. Kuntz**  
4.3 STREET ADDRESS **15415 Katy Freeway, Suite 800**  
4.4 CITY-ST-ZIP **Houston, TX 77094**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D L. D. Williams**  
5.3 STREET ADDRESS **15415 Katy Freeway, Suite 800**  
5.4 CITY-ST-ZIP **Houston, TX 77094**

6.1 TITLE ☐ Change ☐ Addition  
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:

*Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(713) 578-4600

Date

Daytime Phone #

CR2E034 (12/95)