



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # V09358 (5) 1. Corporation Name ORMOND SPINAL REHABILITATION INSTITUTE, INC.							
Principal Place of Business 1050 W GRANADA BLVD SUITE 4 ORMOND BEACH FL 32174			Mailing Address 1050 W GRANADA BLVD SUITE 4 ORMOND BEACH FL 32174-5911				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/24/1992 3a. Date of Last Report 04/29/1996 4. FEI Number 59-3096483 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WAKEMAN, PETER J. 1050 W GRANADA BLVD SUITE 4 ORMOND BEACH FL 32174			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME WAKEMAN, PETER J. 1.3 STREET ADDRESS 234 S HALIFAX DR 1.4 CITY-ST-ZIP ORMOND BEACH FL 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing 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 or on an attachment with an address.							
SIGNATURE:  4-2-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E034 (9/96)