FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 30 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28740

1. Corporation Name
SOUTHERN REHAB, INC

Principal Place of Business	Mailing Address
111 C W MAIN ST INVERNESS, FL 34450	111 C W MAIN ST INVERNESS, FL 34450

3. Date Incorporated or Qualified: 04/08/92
3a. Date of Last Report: 1996

2. Principal Place of Business
21: 1121 SW 1st AVENUE
Suite, Apt #, etc 22:
City & State 23: OCALA, FLORIDA
Zip 24: 34474 Country 25: MARION

2a. Mailing Address
26: 1121 SW 1st AVENUE
Suite, Apt #, etc 27:
City & State 28: OCALA FLORIDA
Zip 29: 34474 Country 30: MARION

4. FEI Number: 59-311.8280 ☐ 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

James Quincey
1111 SE 1st Avenue
Gainesville, FL 32601

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	PRESIDENT / SECRETARY	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARGARET C PLOETNER/CHRISTIAN		1.2 NAME	700002233067--7	
STREET ADDRESS	5716 NW 62nd CT		1.3 STREET ADDRESS	-07/08/97--01076--007	
CITY-ST-ZIP	GAINESVILLE FL 32653		1.4 CITY-ST-ZIP	*****82.50 *****82.50	
TITLE	VICE PRESIDENT / TREASURER	☐ DELETE	2.1 TITLE	VICE PRESIDENT / TREASURER	☒ Change ☐ Addition
NAME	DOMINIC MICELI		2.2 NAME	DOMINIC MICELI	
STREET ADDRESS	PO BOX 2112		2.3 STREET ADDRESS	1121 S W 1st AVENUE	
CITY-ST-ZIP	INVERNESS, FL 34450		2.4 CITY-ST-ZIP	OCALA, FLORIDA 34474	
TITLE		☐ DELETE	3.1 TITLE	700002233067--7	☐ Change ☐ Addition
NAME			3.2 NAME	-07/08/97--01076--008	
STREET ADDRESS			3.3 STREET ADDRESS	*****82.50 *****82.50	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

7-2-97

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Margaret C Ploetner-Christian 4/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #