

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 # **V45664** (2)

1. Corporation Name

NAPLES REHABILITATIVE SERVICES, INC.



Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address

**P.O. BOX 570
ATTN: TAX DEPT.
NASHVILLE TN 37202
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
04/21/1995

4. FEI Number
65-0341327

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DSVS	DELETE
NAME	BRAUN, STEPHEN T.	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSVT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	SCHWEINHART, RICHARD A	
STREET ADDRESS	ONE PARK PLAZA	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Nashville, TN 37203	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	R Milton Johnson	
5.3 STREET ADDRESS	One Park Plaza	
5.4 CITY-ST-ZIP	Nashville TN 37203	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John M Frank	
6.3 STREET ADDRESS	One Park Plaza	
6.4 CITY-ST-ZIP	Nashville TN 37203	

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:

John M Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M Frank

Date

Daytime Phone

(615) 327-9551

CR2E034 (12/95)