

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

FILED  
May 08 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 # **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 37202-0570  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 <b>PO Box 750</b>		4. FEI Number <b>65-0341327</b>		Applied For Not Applicable	
22 City & State		27 <b>Nashville TN</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>37202</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>USA</b>		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

**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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUN, STEPHEN T.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOEN, DANIEL J</b>	2.2 NAME	<b>Vandewater, David</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DSVT</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLBY, DAVID G</b>	3.2 NAME	<b>Donahay, Kenneth</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DSVP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWEINHART, RICHARD A</b>	4.2 NAME	<b>Eiton, Rosalyn</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>R. MILTON JOHNSON</b>	5.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN M. FRANCK</b>	6.2 NAME	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	6.4 CITY-ST-ZIP	

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: John Franck 4-10-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)