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PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45664

(2)

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May 08 1997 8:00am
Secretary of State

NAPLES REHABILITATIVE SERVIC  Principal Place of Business  ONE PARK PLAZA NASHVILLE TN 37203 US	Mailing Address P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 97202/0570				
	US		<ol> <li>Date Incorporated or Qualified 06/19/1992</li> </ol>	3a. Date of Last 05/01/1996	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	upplied For
1	26 10 BOX	750	65-0341327		ot Applicable
Suite Apt #, etc 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	, ,	Additional Required
City & State	City & State	· TN	6. Election Campaign Financing		May Be
Zip Country	28 1V/(S/(V))/(C	Country	······································	·· · · · · · · · · · · · · · · · · · ·	to Fees
25	29 37202	30 USA		Yes No	8. 199.032,
9. Name and Address of Curr		81 Name	10. Name and Address of New Reg	istered Agent	
THE PRENTICE-HALL CORPORATION	ON SYSTEM, INC.	o Name			
1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		82 Street Add	dress (P.O. Box Number is Not Acceptable	Θ)	
IALLATIAGGEE FL 32301		83			
		64 City		FL 85 Zip	Code
<ol> <li>Pursuant to the provisions of Sections 607.00 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl.</li> </ol>	502 and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the pu	rpose of changing	its registered
<ul> <li>accort Lam familiar with, and accord the obli</li> </ul>	igations of Section 607.0505. Flo	rida Statutes.			_
Signature typed or printed name of reported 2. OFF ICERS A		Registered Agent signature requ		DATE	
SIGNATURE Superfore: type, for profiled name of registered z  COFFICERS A	sgent and fite if applicable (NOTE	: Registered Agent signature requ	uirad when reinstating)	DATE	RS IN 12
SIGNATURE Signature typed or printed name of reported at RECERS AT THE DV  BRAUN, STEPHEN T.	agent and fits if applicable (NOTE ND DIRECTORS	: Registered Agent aignature requ	uirad when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE  Superfore: type: Lee profiled name of registered a  2. OFFICER'S A  HLE  AME  BRAUN, STEPHEN T.  ONE PARK PLAZA	agent and fits if applicable (NOTE ND DIRECTORS	Registered Agent signature required 13.	uirad when reinstating)	DATE ERS AND DIRECTO	RS IN 12
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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR