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

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 26 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52078

1. Corporation Name

REHAB SPECIALISTS, INC.

Principal Place of Business

5921 US 27 North
Sebring, FL 33870

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 303 Security Square
Suite, Apt. #, etc.
27
City & State
28 Winter Haven, FL
Zip Country
29 33880 30

3. Date Incorporated or Qualified
07/20/1992

4. FEI Number
59-3136662

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 owns the current year Intangible Personal Property Tax [xx] Yes [ ] No

9. Name and Address of Current Registered Agent

SORIANO, EDWIN M.
2525 E. LAKE HARTRIDGE DR
WINTER HAVEN, FL 33881

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: Required if agent is changing) — DATE

12 OFFICERS AND DIRECTORS

TITLE PD
NAME SORIANO, EDWIN M.
STREET ADDRESS 2525 E. Lake Hartridge Dr
CITY-ST-ZIP Winter Haven, FL 33881 [ ] DELETE

TITLE VPD
NAME LADIA, AMOR
STREET ADDRESS 2233 12th St. NW
CITY-ST-ZIP Winter Haven, FL 33881 [ ] DELETE

TITLE STD
NAME PASCUAL, JAMES K
STREET ADDRESS 924 S. Heron Circle
CITY-ST-ZIP Winter Haven, FL 33884 [ ] DELETE

TITLE D
NAME BAUTISTA, JESSIE Z.
STREET ADDRESS 2065 W. Marlin Road
CITY-ST-ZIP Avon Park, FL 33825 [ ] DELETE

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

600002858976--4
-04/30/99--01116--014
****150.00 ****150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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[ ] Change [ ] Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature below authorizes this filing. I am a director or officer 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, with all other like empowered.

SIGNATURE: JAMES K. PASCUAL 4/15/99 (941) 294-4445

TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE OF AUTHORIZED OFFICER OR DIRECTOR — DATE — AREA CODE & DAYTIME TELEPHONE NUMBER