FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V57344** **(6)**

1. Corporation Name

~~MHS/REHABILITATION/INC~~

GH REHABILITATION, INC.

Principal Place of Business	Mailing Address
3599 UNIVERSITY BLVD S JACKSONVILLE FL 32206	3599 UNIVERSITY BLVD S JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1992
3a. Date of Last Report: 04/28/1994

4. FEI Number: 59-3141279 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3901 University Blvd., S.	26 3627 University Blvd., S.
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 840
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32216 / 25	Zip / Country 29 32216 / 30

9. Name and Address of Current Registered Agent

WARD, DOUGLAS A
1301 GULF LIFE DR
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Geiger, Allan T.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1500
83 Rogers, Towers, Bailey, Jones & Gay
84 City: Jacksonville **FL** 85 Zip Code: 32207

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] 3/29/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DCP	☒ Change ☐ Addition
NAME	CARROLL, DAVID W	12 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD S	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	100001469811	
NAME	WILSON, STEPHEN K	22 NAME	-05/01/95--01078--011	☐ Change ☐ Addition
STREET ADDRESS	3599 UNIVERSITY BLVD S	23 STREET ADDRESS	****200.00 ****200.00	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	DST	☒ Change ☐ Addition
NAME	BAER, DOUGLAS	32 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD S	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 added or deleted with an address.

SIGNATURE: [signature] 4/5/95 904-391-1205
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0010266 CP