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 26 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V65410 (5)

1. Corporation Name
GULF REHAB, INC.

Principal Place of Business
4300 DUHME RD
STE 305
MADEIRA BEACH FL 33708

Mailing Address
4300 DUHME RD
STE 305
MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified: 09/18/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21
2a. Mailing Address
26 3091 E VINA DEL MAR BLVD

4. FEI Number: 59-2926736 — Applied For / Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State
28 City & State: ST PETERSBURG BEACH, FL

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip
25 Country
29 Zip: 33706
30 Country: USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
COVERT, PETER H.
4300 DUHME RD
STE 305
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3091 E VINA DEL MAR BLVD
83
84 City: ST PETERSBURG BEACH FL 85 Zip Code: 33706

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	COVERT, PETER H.	1.2 NAME		
STREET ADDRESS	4300 DUHME RD #305	1.3 STREET ADDRESS	3091 E VINA DELMAR BLVD	
CITY - ST - ZIP	MADEIRA BEACH FL	1.4 CITY - ST - ZIP	ST PETERSBURG BEACH, FL 33706	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CULBERTSON, THEODORE R.	2.2 NAME		
STREET ADDRESS	1172 BROWNELL ST #1	2.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	KENNEDY, M. SAYEGH	3.2 NAME	M SAYEGH GIES	
STREET ADDRESS	4300 DUHME RD #305	3.3 STREET ADDRESS	760 SOUNDVIEW DR	
CITY - ST - ZIP	MADEIRA BEACH FL	3.4 CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 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)(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: M Sayegh Gies, Sec/Treas Director — 1/20/95 — 813 391 2000
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0000610 CP