

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # M21169 (1)**

1. Corporation Name  
**EDISON REHAB CORPORATION**

Principal Place of Business Mailing Address  
**3060 WILLIAMS DR. 3060 WILLIAMS DR.  
FAIRFAX VA 22031 FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/26/1985** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2704657		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOCHET, BARRY	12 NAME	
STREET ADDRESS	2700 COLORADO AVE	13 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICO, VINCENT J	22 NAME	
STREET ADDRESS	2700 COLORADO AVE	23 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	32 NAME	
STREET ADDRESS	2700 COLORADO AVE	33 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAHIRA, COLIN	42 NAME	
STREET ADDRESS	2700 COLORADO AVE	43 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	44 CITY - ST - ZIP	
TITLE	AS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	52 NAME	
STREET ADDRESS	2700 COLORADO AVE	53 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	54 CITY - ST - ZIP	
TITLE	AT	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	62 NAME	
STREET ADDRESS	2700 COLORADO AVE	63 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott M. Brown 4/24/95 310/998-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Original Name)