CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:53

DOCUMENT # S34086 (6)

1. Corporation Name
CAMBRIDGE REHABILITATION CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
177 BALDWIN SQUARE FAIRHOPE AL 36532 US	177 BALDWIN SQUARE FAIRHOPE AL 36532 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 06/02/1994

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 58-1931937 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	WHITE, RICHARD B.	12 NAME		
STREET ADDRESS	P.O. BOX 615 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	MONTROSE AL 36559	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	TURNER, A. RONALD	22 NAME	TURNER, A. RONALD	
STREET ADDRESS	6328 MACHAURIN DR.	23 STREET ADDRESS	4140 MONTALVO PL	
CITY-ST-ZIP	TAMPA FL 33647	24 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	GILBERT, MARY S.	32 NAME		
STREET ADDRESS	RT 5 BOX 291	33 STREET ADDRESS		
CITY-ST-ZIP	ATHENS AL 35611	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	ST	☑ Change ☐ Addition
NAME	O'DANIEL, ROBERT B.	42 NAME	O'DANIEL, ROBERT B.	
STREET ADDRESS	21598 CO. RD. #13	43 STREET ADDRESS	17640 COUNTY ROAD 27	
CITY-ST-ZIP	FAIRHOPE AL 36532	44 CITY-ST-ZIP	FAIRHOPE, AL 36532	
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 on an attachment with an address.

SIGNATURE: Robert B O'Daniel 5/10/95 334 990-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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