No. C 74319

Annual Report Form

Due No Later Than November 30, 1996

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

REHABILITY HEALTH SERVICES,
~~REHABILITY~~
P O BOX 1729
BRENTWOOD TN ~~TN~~ 37024

2. Registered Agent and Office NOT A P.O. BOX

~~PRENTICE HALL CORP SYSTE~~
~~300 N 6TH ST SUITE 1000~~
CT CORPORATION SYSTEM
300 NORTH 6TH ST
BOISE ID ~~83702~~ 83701

3. Organized Under the Laws of:

TX C 74319

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ❑ **Managers** or ❑ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
DIRECTOR	EDWARD L. KUNTZ	15415 KATY FREEWAY, #800	HOUSTON	TX	77094
DIRECTOR	L.D. WILLIAMS	15415 KATY FREEWAY, #800	HOUSTON	TX	77094
PRESIDENT	KELLY J. GILL	111 WESTWOOD PLACE, #210	BRENTWOOD	TN	37024
SECRETARY	SYDNEY K. BOONE, JR.	15415 KATY FREEWAY, #800	HOUSTON	TX	77094

5. NATURE OF BUSINESS

ANCILLARY HEALTH CARE SERVICES

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature _____ Date 11/25/96

Name (Typed or Printed) ROBERT S. MAHAN Title VP OF ACCOUNTING

ISSUED: 07-06-1996

1396