No. C 74319		Annual Report Form 1999 Due No Later Than November 30,	2. Registered Ager		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1 Mailing Address - Please Correct If Not Correct		PORATION TH.S.T	3131EM
		REHABILITY HEALTH SERVICES,	90 I SE ID 83701 3. Organized Under the Laws of:		
		ONE RAVINIA DR STE 1500			
* FIRST NOTIC	CE *	ATLANTA GA 30346	TX	C 74	4319
		Business Addresses of President, Secretary and Directors er Names and Addresses of Managers or Members	(check one)		
Office held	<u>Name</u>	Street or P.O. Address	City	State	<u> Zip</u>
•	Stefano	D. Morgan One Ravinia Drive M. Miele One Ravinia Drive Thomas Whittle One Ravinia Drive	Atlanta Atlanta	GA GA	30346 30346 30346
Signature of New Ro	egistered	Signature Signature	Date Date	7/28/99	
		Name (Typed or Printed) Stefano M. Mielo	Title	Secretary	•
ISSUED: 07	7-03-1	999		1943	