

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90535 001 \*\*\*900.00

**DOCUMENT # P26164**

1. Entity Name  
**MED-THERAPY REHABILITATION SERVICES, INC.**

Principal Place of Business                      Mailing Address

**111 WESTWOOD PLACE**                      **ONE RAVINIA DR**  
**SUITE 210**                                      **STE 1500**  
**BRENTWOOD TN 37027-021**                      **ATLANTA GA 30346-2115**  
**US**    **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

*One Ravinia Drive*                                      Suite, Apt. #, etc.

*Suite 1500*    Suite, Apt. #, etc.

City & State                                      City & State

*Atlanta, GA*    City & State

Zip    Country                      Zip                                      Country

*30346*    Country                      Zip                                      Country

4. FEI Number                      **56-1120078**                      Applied For

Not Applicable

5. Certificate of Status Desired                                            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City    **FL**                      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.                       **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITTLE, SUSAN THOMAS</b>	NAME	
STREET ADDRESS	<b>ONE RAVINIA DR STE 1500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	CITY-ST-ZIP	
TITLE	<b>VPS</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOONE, SYDNEY</b>	NAME	<i>President</i>
STREET ADDRESS	<b>ONE RAVINIA DR, STE 1500</b>	STREET ADDRESS	<i>One Ravinia DR, #1500</i>
CITY-ST-ZIP	<b>ATLANAT GA 30346</b>	CITY-ST-ZIP	<i>Atlanta, GA 30346</i>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARD, DAVID</b>	NAME	<i>VPS</i>
STREET ADDRESS	<b>111 WESTWOOD PLACE</b>	STREET ADDRESS	<i>Stefano M. Miele</i>
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	CITY-ST-ZIP	<i>One Ravinia DR, #1500</i>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDEN, CHARLES</b>	NAME	
STREET ADDRESS	<b>ONE RAVINIA DR, STE 1500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30346</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENTRY, BOYD</b>	NAME	
STREET ADDRESS	<b>ONE RAVINIA DR, STE 1500</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30346</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stefano M. Miele*                      **REQUIRED**                      *4/17/00*                      *678-443-6704*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)