

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90151 031 ***150.00

DOCUMENT # 844802

1. Entity Name

BEVERLY HEALTH AND REHABILITATION SERVICES, INC.

Principal Place of Business

**ONE THOUSAND BEVERLY WAY
 FORT SMITH AR 72919
 US**

Mailing Address

**ONE THOUSAND BEVERLY WAY
 FORT SMITH AR 72919
 US**

2. Principal Place of Business

One Thousand Beverly Way

Suite, Apt. #, etc.

3. Mailing Address

One Thousand Beverly Way

Suite, Apt. #, etc.

City & State

Fort Smith, AR

Zip

72919

Country

USA

City & State

Fort Smith, AR

Zip

72919

Country

USA

4. FEI Number

95-2301514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **DEVEREAUX, DAVID R**
 STREET ADDRESS **ONE THOUSAND BEVERLY WAY**
 CITY-ST-ZIP **FORT SMITH AR 72919**

TITLE **VPHR** ☐ Delete
 NAME **LUCCHI, GINA**
 STREET ADDRESS **ONE THOUSAND BEVERLY WAY**
 CITY-ST-ZIP **FORT SMITH AR 72919**

TITLE **VPD** ☐ Delete
 NAME **WILLIAMS, JOHN E**
 STREET ADDRESS **ONE THOUSAND BEVERLY WAY**
 CITY-ST-ZIP **FORT SMITH AR 72919**

TITLE **SVPT** ☒ Delete
 NAME **HOLLINGSWORTH, SCHUYLER JR**
 STREET ADDRESS **ONE THOUSAND BEVERLY WAY**
 CITY-ST-ZIP **FORT SMITH AR 72919**

TITLE **VPS** ☐ Delete
 NAME **MACKENZIE, JOHN W.**
 STREET ADDRESS **ONE THOUSAND BEVERLY WAY**
 CITY-ST-ZIP **FORT SMITH AR 72919**

TITLE **VP** ☒ Delete
 NAME **HAMMER, STEVEN R**
 STREET ADDRESS **ONE THOUSAND BEVERLY WAY**
 CITY-ST-ZIP **FORT SMITH AR 72919**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP-Finance & Director**
 STREET ADDRESS **Kevin M. Roberts**
 CITY-ST-ZIP **One Thousand Beverly Way**
Fort Smith, AR 72919

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP-Professional Services & Director**
 STREET ADDRESS **Alyce J. Kaster**
 CITY-ST-ZIP **One Thousand Beverly Way**
Fort Smith, AR 72919

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:

John W. MacKenzie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. MacKenzie

4/19/02

(479) 201-4840

Date

Daytime Phone #

CR25034 (9/01)