

2002 UNIFORM BUSINESS REPORT (UBR)

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AB

DOCUMENT # **A94000000277**

1. Entity Name

DHS REHABILITATION, LIMITED PARTNERSHIP

FILED

2002 SEP 24 AM 11:21

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business

Mailing Address

**3839 FOREST HILL IRENE ROAD
MEMPHIS TN 38125**

**3839 FOREST HILL IRENE ROAD
MEMPHIS TN 38125**

2. Principal Place of Business

3. Mailing Address

6799 GREAT OAKS ROAD

6799 GREAT OAKS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 250

SUITE 250

City & State

City & State

GERMANTOWN TN

GERMANTOWN TN

Zip

Country

Zip

Country

38138

US

38138

US

DUE BY SEPTEMBER 25, 2002

4. FEI Number

62-1560351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P35493**
NAME **DHS/DIVERSIFIED HEALTH SERVICES, INC.**
STREET ADDRESS **3839 FOREST HILL IRENE ROAD**
CITY-ST-ZIP **MEMPHIS TN 38125**

STREET ADDRESS **6799 GREAT OAKS ROAD, SUITE 250**
CITY-ST-ZIP **GERMANTOWN TN 38138**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

DHS/DIVERSIFIED HEALTH SERVICES, INC., GENERAL PARTNER

SIGNATURE: **By: SIGNATURE REGISTRATION, President** **9/17/02 (901) 624-1652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/02)