

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002768

1. Entity Name

MERCY DRIVE REHAB, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 10 PM 3: 05

Principal Place of Business

3300 SOUTH HIAWASSEE ROAD, SUITE 107
ORLANDO FL 32835

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961



2. Principal Place of Business

800 N. HIGHLAND AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

DO NOT WRITE IN THIS SPACE

59-3547628

City & State

ORLANDO, FL

City & State

4. FEI Number

59-3547628

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENT. FL., INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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. Capital Contributions
as Shown on record.

\$50.00

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

DOCUMENT # P98000104050
NAME MERCY DRIVE REHAB, INC.
STREET ADDRESS 3300 SOUTH HIAWASSEE ROAD, SUITE 107
CITY - ST - ZIP ORLANDO FL 32835

13. ADDRESS CHANGES ONLY

STREET ADDRESS 800 N. HIGHLAND AVE, SUITE 200
CITY - ST - ZIP ORLANDO, FL 32803

DOCUMENT #
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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

MERCY DRIVE REHAB, INC. G.P.

SIGNATURE:

SIGNATURE REQUIRED

3-1-00

407/297-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
STEVEN A. KROPP, PRESIDENT

Date

Daytime Phone #

CR2E003 (9/99)