

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90206 001 \*\*\*317.50

0051363 AV

**DOCUMENT # F95000001738**

1. Entity Name  
**CORDOVA REHAB, INC.**

Principal Place of Business <b>125 W. ROMANA STREET          SUITE 400          PENSACOLA FL 32501          US</b>	Mailing Address <b>125 W. ROMANA ST          SUITE 400          PENSACOLA FL 32501          US</b>
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**11510**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2 N. Palafox St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2 N. Palafox St.</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3248509</b>	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BELL, SCOTT J 125 W ROMANA ST, STE400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>2 N. Palafox St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TOLAN JR., JOHN J 125 W ROMANA ST, STE400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>2 N. Palafox St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FOSTER, DANA R 125 W ROMANA ST, STE 400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>2 N. Palafox St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ST PE', GERALD 125 W ROMANA ST, STE400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>2 N. Palafox St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLOWAY, J L 125 W. ROMANA ST., SUITE 400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>2 N. Palafox St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TREHERN, W E 125 W ROMANA ST STE400 PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>2 N. Palafox St.</b>

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:** SIGNATURE REQUIRED **1/8/02 850-432-0650**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)