

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005524

1. Corporation Name

BRIAN CENTER HEALTH & REHABILITATION/TAMPA, INC.

Principal Place of Business

15415 KATY FREEWAY
HOUSTON TX 77094

Mailing Address

ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90137 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

06-1209962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME LEE, J.D.
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

TITLE VP ☐ DELETE
NAME GENTRY, BOYD P
STREET ADDRESS ONE RAVINIA DR, STE 1500
CITY-ST-ZIP ATLANTA GA 30346

TITLE VS ☒ DELETE
NAME BOONE, SYDNEY K JR.
STREET ADDRESS ONE RAVINIA DR, STE 1500
CITY-ST-ZIP ATLANTA GA 30346

TITLE D ☒ DELETE
NAME CARDEN, CHARLES
STREET ADDRESS ONE RAVINIA DR, STE 1500
CITY-ST-ZIP ATLANTA GA 30346

TITLE D ☒ DELETE
NAME WILLIAMS, LEROY D
STREET ADDRESS 15415 KATY FREEWAY
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VPS Miele, Stefano M.
3.3 STREET ADDRESS One Ravinia Drive
3.4 CITY-ST-ZIP Atlanta, GA 30346

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Morgan, George D.
4.3 STREET ADDRESS One Ravinia Drive
4.4 CITY-ST-ZIP Atlanta, GA 30346

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Whittle, Susan Thomas
5.3 STREET ADDRESS One Ravinia Drive
5.4 CITY-ST-ZIP Atlanta, GA 30346

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

678-443-7000

Date

Daytime Phone #

CR2E034 (1/98)