

2000 UNIFORM BUSINESS REPORT (UBR)

1/21

FILED

Apr 24, 2000 8:00 am
Secretary of State

01-28-2000 90147 047 ***150.00

DOCUMENT # F99000002831

1. Entity Name

NATIONAL REHAB PARTNERS, INC.

Principal Place of Business

Mailing Address

115 EAST PARK DRIVE, SUITE 150
BRENTWOOD TN 37027

115 EAST PARK DRIVE, SUITE 150
BRENTWOOD TN 37027-7548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1732653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2000 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	<input type="checkbox"/> Delete
NAME	HAWES, JOHN A	
STREET ADDRESS	115 EAST PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	S	<input type="checkbox"/> Delete
NAME	METRY, ROBERT A	
STREET ADDRESS	115 EAST PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILES, RICHARD A II	
STREET ADDRESS	115 EAST PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIPES, WILLIAM M	
STREET ADDRESS	2003 BURNTLEAF PLACE	
CITY-ST-ZIP	GREENSBORO NC 27410	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, CHARLES F JR	
STREET ADDRESS	208 N. GARNET STREET, SUITE A	
CITY-ST-ZIP	HENDERSON NC 27536	
TITLE	CO	<input type="checkbox"/> Delete
NAME	YEAGER, SAMUEL C	
STREET ADDRESS	115 MANNING DRIVE, SUITE 201-B	
CITY-ST-ZIP	HUNTSVILLE AL 35801	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul H. Cascio	
STREET ADDRESS	20600 Chagrin Blvd, Ste 1150	
CITY-ST-ZIP	Shaker Heights, OH 44122	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin J. Cook	
STREET ADDRESS	20600 Chagrin Blvd, Ste 1150	
CITY-ST-ZIP	Shaker Heights, OH 44122	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Thomas	
STREET ADDRESS	150 East Gay St, 24th Floor	
CITY-ST-ZIP	Columbus, OH 43215	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel C. Yeager	
STREET ADDRESS	200 Glen Echo Rd, St 103	
CITY-ST-ZIP	Nashville, TN 37225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Richard A. Miles, II **RICHARD A. MILES, II** **EXP. CFO**

1-5-00

615-369-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #