

**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 115 EAST PARK DRIVE, SUITE 150 BRENTWOOD TN 37027	Mailing Address 115 EAST PARK DRIVE, SUITE 150 BRENTWOOD TN 37027-7548
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>62-1732653</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Paul H. Cascio</b> 20600 Chagrin Blvd, Ste 1150 Shaker Heights, OH 44122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Kevin J. Cook</b> 20600 Chagrin Blvd, Ste 1150 Shaker Heights, OH 44122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Michael H. Thomas</b> 150 East Gay St, 24th Floor Columbus, OH 43215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Samuel C. Yeager</b> 200 Glen Echo Rd, St 103 Nashville, TN 37225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio

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 **RICHARD A. Miles, II** **VP+CEO** **1-5-00** **615-369-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #