

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002831

FILED  
Jun 02, 2004  
Secretary of State

Entity Name: NATIONAL REHAB PARTNERS, INC.

## Current Principal Place of Business:

151 RED STONE AVE, S.E.  
CRESTVIEW, FL 32539 US

## New Principal Place of Business:

## Current Mailing Address:

115 EAST PARK DRIVE  
STE. 150  
BRENTWOOD, TN 37027 US

## New Mailing Address:

FEI Number: 62-1732653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete  
Name: HAWES, JOHN A CP  
Address: 115 EAST PARK DRIVE, SUITE 150  
City-St-Zip: BRENTWOOD, TN 37027

Title: SGC ( ) Delete  
Name: METRY, ROBERT A EV  
Address: 115 EAST PARK DRIVE, SUITE 150  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: CASCIO, PAUL H  
Address: 20600 CHAGRIN BLVD., STE. 1150  
City-St-Zip: CLEVELAND, OH 44122

Title: D ( ) Delete  
Name: COOK, KEVIN J  
Address: 20600 CHAGRIN BLVD., STE. 1150  
City-St-Zip: CLEVELAND, OH 44122

Title: D ( ) Delete  
Name: DANIEL, CHARLES F JR  
Address: 208 N. GARNET STREET, SUITE A  
City-St-Zip: HENDERSON, NC 27536

Title: D ( ) Delete  
Name: YEAGER, SAMUEL C  
Address: 624 GRASSMERE PARK DRIVE, SUITE 10  
City-St-Zip: NASHVILLE, TN 37211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. METRY

EVP

06/02/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date