

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90136 001 \*\*\*150.00

0945975 AT

**DOCUMENT # F99000002831**

1. Entity Name

**NATIONAL REHAB PARTNERS, INC.**



Principal Place of Business

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

Mailing Address

115 EAST PARK DRIVE  
STE. 150  
BRENTWOOD TN 37027  
US

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **CEOD**  
HAWES, JOHN A CP  
STREET ADDRESS **115 EAST PARK DRIVE, SUITE 150**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SGC**  
METRY, ROBERT A EV  
STREET ADDRESS **115 EAST PARK DRIVE, SUITE 150**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
CASCIO, PAUL H  
STREET ADDRESS **20600 CHAGRIN BLVD., STE. 1150**  
CITY-ST-ZIP **CLEVELAND OH 44122**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
COOK, KEVIN J  
STREET ADDRESS **20600 CHAGRIN BLVD., STE. 1150**  
CITY-ST-ZIP **CLEVELAND OH 44122**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
DANIEL, CHARLES F JR  
STREET ADDRESS **208 N. GARNET STREET, SUITE A**  
CITY-ST-ZIP **HENDERSON NC 27536**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
YEAGER, SAMUEL C  
STREET ADDRESS **624 GRASSMERE PARK DRIVE, SUITE 10**  
CITY-ST-ZIP **NASHVILLE TN 37211**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Metry **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 615-318-2541  
Date Daytime Phone #

CR2E034 (10/02)