

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000387

1. Entity Name
CORAL REEF NURSING AND REHABILITATION CENTER, L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 1 AM 10: 55

Principal Place of Business
2171 QUAIL RUN DRIVE, SUITE B
BATON ROUGE LA

Mailing Address
2171 QUAIL RUN DRIVE, SUITE B
BATON ROUGE LA 70808-4127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **72-1315175**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM HICKS, STEVE E**
STREET ADDRESS **2171 QUAIL RUN DRIVE, SUITE B**
CITY-ST-ZIP **BATON ROUGE LA**

Change Addition
mf3/14/00

TITLE Delete
NAME **MEM STUART, PAULA S**
STREET ADDRESS **222 W. COMSTOCK AVENUE, SUITE 221**
CITY-ST-ZIP **WINTER PARK FL 32789**

Change Addition
700003173477--8
-03/17/00--01013--001
*******50.00 *****50.00**

TITLE Delete
NAME **MEM WHISMAN, GEORGE T**
STREET ADDRESS **333 CLAY STREET, SUITE 4000**
CITY-ST-ZIP **HOUSTON TX 77002**

Change Addition

TITLE Delete
NAME **MEM CLAIBORN, STEPHEN A**
STREET ADDRESS **600 TRAVIS STREET, SUITE 7330**
CITY-ST-ZIP **HOUSTON TX 77002**

Change Addition

TITLE Delete
NAME **MEM MCCONNELL, C. STOKES JR.**
STREET ADDRESS **8550 UNITED PLAZA BLVD., SUITE 800**
CITY-ST-ZIP **BATON ROUGE LA 70809**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Steve E. Hicks* **2/18/00** **225/766-3999**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)