

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029806 AF

DOCUMENT # **M95000000387**

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

**FILED**

**2001 MAY 10 AM 8:34**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2171 QUAIL RUN DRIVE, SUITE-B  
BATON ROUGE LA**  
Mailing Address: **2171 QUAIL RUN DRIVE, SUITE-B  
BATON ROUGE LA**

2. Principal Place of Business: **2151 Quail Run Dr**  
Suite, Apt. #, etc.  
3. Mailing Address: **2151 Quail Run Dr**  
Suite, Apt. #, etc.

City & State: \_\_\_\_\_ 4. FEI Number: **72-1315175** Applied For:  Not Applicable:   
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)

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

DATE: **20000410792-0**  
**-06/14/01--01006--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, STEVE E</b>		NAME		
STREET ADDRESS	<b>2171 QUAIL RUN DRIVE, SUITE B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BATON ROUGE LA</b>		CITY-ST-ZIP		
TITLE	<b>MEM</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART, PAULA S</b>		NAME		
STREET ADDRESS	<b>222 W. COMSTOCK AVENUE, SUITE 221</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>		CITY-ST-ZIP		
TITLE	<b>MEM</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAIBORN, STEPHEN A</b>		NAME		
STREET ADDRESS	<b>600 TRAVIS STREET, SUITE 7330</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOUSTON TX 77002</b>		CITY-ST-ZIP		
TITLE	<b>MEM</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCONNELL, C. STOKES JR.</b>		NAME		
STREET ADDRESS	<b>8550 UNITED PLAZA BLVD., SUITE 800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BATON ROUGE LA 70809</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ DATE: **4-4-01** DAYTIME PHONE #: **235/766-3999**

CR2E083 (11/00)