

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P25929**

1. Entity Name

**NME REHABILITATION HOSPITALS, INC.**

**FILED**

**00 APR 17 PM 12:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% MARY YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

% MARY YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105-3112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-3044167**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P**  
FOCHT, MICHAEL H SR.  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE  Change  Addition  
NAME **P**  
Thomas B. Mackey  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

TITLE  Delete  
NAME **EVP**  
FETTER, TREVOR  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE  Change  Addition  
NAME **700003221327--7**  
STREET ADDRESS **-04/24/00--01148--010**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  Delete  
NAME **DVS**  
SILVER, RICHARD B  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VT**  
MCMULLEN, TERENCE P  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE  Change  Addition  
NAME **T**  
Dennis L. Dent  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

TITLE  Delete  
NAME **CFO**  
FETTER, TREVOR  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **AS**  
Caitlin M. Larsen  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

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: *Caitlin Larsen* Asst. Secretary

4/11/00

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)