## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25929  1. Entity Name  NME REHABILITATION HOSPITALS, INC.					, i	EHal	E)a			
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% MARY YUMIBE % MAF 3820 STATE STREET 3820 S		MARY YUMIBE O STATE STREET								
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt.			vpt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	94-3044167	7		oplied For ot Applicable	
Country	Zip	Count			5. Certificate of	Status Desired				
and Address of Current R	egistered Agent		Name		7. Name and A	ddress of New F	Registered A	gent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				ddress (F	P.O. Box Number	is Not Acceptable	9)			
			City	-			FL	Zip Cod	e	
printed name of registered agent and	FILE NOW!! After MAY 1, 200	Registered! FEE	Agent signat	ure required 00 550.00	when reinstating)  10. Elect	ion Campaign Fin	DATE		<b>0</b> May Be I to Fees	
OFFICERS AND D		12.				HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
e street	☐ Delete	NAME STREE	ET ADDRESS	1373"	7 Noel Ko	ad, suite	(00	☐ Change	Addition	
CHARD B E STREET	☐ Delete	NAME STREE	ET ADDRESS					☐ Change	☐ Addition	
E STREET	☐ Delete	NAME STREE	ET ADDRESS		60	-04/20	)/01 <b>0</b>	1027~-(	013	
STREET	□ Delete	NAME STREE	ET ADDRESS			uorague)	20100	Change	Addition	
	☐ Delete	NAME STREE	T ADDRESS				-	☐ Change	☐ Addition	
	☐ Delete	NAME STREE	T ADORESS					Change SF	Addition	
	Country  and Address of Current R  ON SYSTEM AND ROAD 33324  submits this statement for the printed name of registered agent and pole to satisfy its Intangible and elects to do so.  OFFICERS AND D  THOMAS B E STREET RBARA CA 93105  CHARD B E STREET RBARA CA 93105  INIS L E STREET RBARA CA 93105  AITLIN M E STREET RBARA CA 93105	Mailing Address  *MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 83105  Bass	Malling Address  * MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105  **SS**  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  AND ROAD 33324  **Submits this statement for the purpose of changing its registered agent and title if applicable.  (NOTE: Registered agent And title if applicable.  (NOTE: Registered Agent  NOTE: Registered Agent  **OFFICERS AND DIRECTORS**  THOMAS B  E STREET  RBARA CA 93105  CHARD B  E STREET  RBARA CA 93105  Delete  TITLE  NAME  STREET  RBARA CA 93105	Mailing Address  % MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA \$3105  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  AND ROAD  33324  Street A  Street A  AND ROAD  33324  City  Submits this statement for the purpose of changing its registered office o  Printed name of registered agent and title if explicable.  (NOTE: Registered Agent signat  (NOTE: Registered Agent signat  After MAY 1, 2001 Fee will be \$1  Make Check Payable to Departmen  OFFICERS AND DIRECTORS  TITLE  NAME STREET ADDRESS CITY-51-ZIP  NIS L E STREET  RBARA CA 93105  ITILE  NAME STREET ADDRESS CITY-51-ZIP  TITLE  NAME STREET ADDRESS CITY-51-ZIP	Mailing Address  ** MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 33105   **SS**  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  AND ROAD  33324  City  Submits this statement for the purpose of changing its registered office or register AND ROAD  33324  City  Submits this statement for the purpose of changing its registered office or register Country  Submits this statement for the purpose of changing its registered office or register  Printed name of registered agent and titlo if explication.  (NOTE: Registered Agent signature required Agent signature required Agent signature required Agent signature required Agent signature of registered agent state and titlo if explication.  (NOTE: Registered Agent signature required Agent signature of registered agent signature of signature of required Agent signature of registered agent signature of required Agent signature of registered agent signature of si	Mailing Address  ** MARY YUMBE 3820 STATE STREET SANTA BARBARA CA 33105  3. Mailing Address  ** Suite STREET SANTA BARBARA CA 33105  3. Mailing Address  ** Suite STREET SANTA BARBARA CA 33105  3. Mailing Address  ** Suite STREET SANTA BARBARA CA 33105  3. Mailing Address  ** Suite STREET SANTA BARBARA CA 33105  ** Suite Address of Current Registered Agent  ** Output  ** Suite Address of Current Registered Agent  ** Output  ** Street Address (P.O. Box Number  ** Street Address (P.O. Box Number  ** Street Address (P.O. Box Number  ** Submits this statement for the purpose of changing its registered office or registered agent, or both,  ** Private reme of registered agent and tile it applicable.  ** Incite Programs required when releasingly and the complete of the purpose of changing its registered office or registered agent, or both,  ** Private reme of registered agent, or both,  ** Private remember of the purpose of changing its registered office or registered agent, or both,  ** Private remember of registered agent,  ** Private remember of registered agent,  ** Private remember of remember o	Mailing Address  * MARY YUMBE 380 STATE STREET SANTA BARBARA CA 83105  Suite, Apr. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent Name Name NAND ROAD 33324  City  Street Address (P.O. Box Number is Not Acceptable Agent	Mailing Address  **MARY YUMBE 380 STATE STREET SANTA BARRARA CA 20105  **SUIR. Apt. #, etc.  City & State  City &	Mailing Address ** MARY YUNDE SECRETIFIATORS SATE SECRETIFIATORS SATE SANTA BARBARA CA 8010S  ***  ***  ***  ***  ***  ***  **  **	

Indicated on this report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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:** 

805-S43-7075 Daytime Phone #