

# 2001 UNIFORM BUSINESS REPORT (UBR)

0592273

**DOCUMENT # P25929**

1. Entity Name

**NME REHABILITATION HOSPITALS, INC.**

**FILED**

**01 APR 17 PM 1:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**% MARY YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105**

**% MARY YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105**

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**

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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	<b>MACKAY, THOMAS B</b>	<b>3820 STATE STREET</b>	<b>SANTA BARBARA CA 93105</b>	<input checked="" type="checkbox"/>
DVS	<b>SILVER, RICHARD B</b>	<b>3820 STATE STREET</b>	<b>SANTA BARBARA CA 93105</b>	<input type="checkbox"/>
T	<b>DENT, DENNIS L</b>	<b>3820 STATE STREET</b>	<b>SANTA BARBARA CA 93105</b>	<input type="checkbox"/>
AS	<b>LARSEN, CAITLIN M</b>	<b>3820 STATE STREET</b>	<b>SANTA BARBARA CA 93105</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	<b>Pullen, Timothy L.</b>	<b>13737 Noel Road, Suite 100</b>	<b>Dallas TX 75240</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**600004034646--6  
-04/20/01--01027--013  
\*\*\*\*150.00 \*\*\*\*150.00**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01  
Date

805-563-7075  
Daytime Phone #

CR2E034 (10/00)