Mailing Address

ONE RAVINIA DR

ATLANTA GA 30346

STE 1500

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26164

1. Corporation Name

Principal Place of Business

111 WESTWOOD PLACE

BRENTWOOD TN 37027-021

SUITE 210

MED-THERAPY REHABILITATION SERVICES, INC.

2 Principal Pl	ace of Business	2a, M	ailing Address					4. FEI Number			Ap	plied For	
21			26					56-1120078	3		. No	t Applicable	
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.					5. Certifcate of S			\$8.75 / Fee Re	I .	
22		27							, , , .			 -	
City & State			City & State					6, Election Camp Trust Fund Co		,	\$5.00 Added t		
Zip	Country	Zi	p	Cou	intry			8. This corporation	n owes the cu	rrent year li	ntangible		
24	25 29 30							Personal Property Tax.					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
					81	Name						}	
CT CORPORATION SYSTEM					82	Street Address (P.O. Box Number is Not Acceptable)							
1200 S. PINE ISLAND ROAD					Oz Otreet Address (1.0. Box Hambor to Not Nosspieste)								
PLANTATION FL 33324					83								
						-			·		85 Zip (Codo	
					84	City				F	[83 Zip (-ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												registered gistered	
•	III lamiliai willi, and accept the obligation), ia 01, 0 0	.000011 007.00005, 11	Original Original									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if app	plicable. (NOT	E: Registere	Agent	t signature re	equired v	when reinstating)		DATE			
12.	OFFICERS AND			13.			,	ADDITIONS/CH	IANGES TO C	FFICERS /	ND DIRECTO	ORS IN 12	
TITLE	D X DELETE		1.1 T	ITLE		D				🔀 Change	☐ Addition		
NAME	WILLIAMS, LEE D.			1.2 N			Wh	hittle, Sus	an Thom	as			
STREET ADDRESS	15415 KATY FREEWAY, STE. 800			1.3 S	1.3 STREET ADDRESS		Or	ne Ravinia	Drive,	Suite	1500	1	
CITY-ST-ZIP	HOUSTON TX			140				tlanta, GA				ļ	
TITLE	VPS DELETE							VP			X Change	☐ Addition	
NAME	BOONE, SYDNEY			2.2 N	AME	ļ	Mi	iele, Stefa	no M.				
STREET ADDRESS	ONE RAVINIA DR. STE 1500			1	1			One Ravinia Drive, Suite 1500					
	ATLANAT GA 30346				CITY-S			tlanta, GA					
CITY-ST-ZIP	ATLANAT GA 30346		☐ DELETE	3.17		1-217	r Al	cranca; on	30340		Change	Addition	
	WARD, DAVID			3.2 N		1			• -	•	•	_	
NAME	111 WESTWOOD PLACE					ADDRESS						}	
STREET ADDRESS	BRENTWOOD TN				OTY-S	I							
CITY-ST-ZIP			☐ DELETE	4.1 T		1-219					Change	Addition	
TITLE	CADDEN CHADIES		C Deceit		NAME								
NAME	CARDEN, CHARLES					ADDRESS							
STREET ADDRESS	ONE RAVINIA DR, STE 1500			1		i						ţ	
CITY-ST-ZIP	ATLANTA GA 30346		X) DELETE	4.4 C	ITY-ST	1-219					Change	Addition	
TITLE	VP DAN		M) OCCUPE	5.1 I									
NAME	MCLARY, DAN			I '		ADDRESS)	
STREET ADDRESS	111 WESTWOOD PLACE			•								ļ	
CITY-ST-ZIP		RENTWOOD TN			5.4 CITY-ST-ZIP 6.1 TITLE						Change	Addition	
TITLE	VP		□ DEFE IE	6.2 N							⊢ Augusta	L.,	
NAME	GENTRY, BOYD			1		ADDRESS							
STREET ADDRESS	ONE RAVINIA DR, STE 1500												
CITY-ST-ZIP	ATLANTA GA 30346	AL I - MIT.	d		ITY-ST		Lin C-	notion 110 07/2\/2\	lorida Statutas	further	artify that the	nformation	
indicated	14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12	or Block 13 if chariged, or on an attach	ment with	an address, with	all other li	ke en	npowered	đ.						

SIGNATURE:

1/15/99

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90027 038 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/25/1989

678,443.7000