

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P26164**

1. Entity Name

MED-THERAPY REHABILITATION SERVICES, INC.

Principal Place of Business

**ONE RAVINIA DRIVE
SUITE 1500
ATLANTA GA 30346
US**

Mailing Address

**ONE RAVINIA DR
STE 1500
ATLANTA GA 30346
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **56-1120078**

Applied For

Not Applicable

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

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, 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 checked="" type="checkbox"/> Delete
D	WHITTLE, SUSAN THOMAS	ONE RAVINIA DR STE 1500	ATLANTA GA	<input checked="" type="checkbox"/>
P	MORGAN, GEORGE D	ONE RAVINIA DR, STE 1500	ATLANTA GA 30346	<input checked="" type="checkbox"/>
VPS	MIELE, STEFANO M	ONE RAVINIA DR., #1500	ATLANTA GA 30346	<input type="checkbox"/>
VP	GENTRY, BOYD	ONE RAVINIA DR, STE 1500	ATLANTA GA 30346	<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
Director and President	David R. Wilson	One Ravinia Dr., Suite 1500	Atlanta, GA 30346	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director, Vice Pres. + Asst. Treasurer	Danette Manzi	One Ravinia Dr., Suite 1500	Atlanta, GA 30346	<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"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefano Miele

Date

1/29/01

Daytime Phone #

678-443-7000

CR2E034 (10/00)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90220 001 *2,100.00

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DO NOT WRITE IN THIS SPACE