

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90089 016 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1120078

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

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

7. Name and Address of New Registered Agent

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, 2002 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 **DP** ☒ Delete
NAME **WILSON, DAVID R**
STREET ADDRESS **ONE RAVINIA DR STE 1500**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **DAS** ☐ Change ☒ Addition
NAME **Whittle, Susan T.**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **DVPT** ☒ Delete
NAME **MANZI, DANETTE**
STREET ADDRESS **ONE RAVINIA DR, STE 1500**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **DPT** ☒ Change ☐ Addition
NAME **Gentry, Boyd P.**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **VPS** ☐ Delete
NAME **MIELE, STEFANO M**
STREET ADDRESS **ONE RAVINIA DR., #1500**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **V** ☐ Change ☒ Addition
NAME **Notermann, John**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **VP** ☒ Delete
NAME **GENTRY, BOYD**
STREET ADDRESS **ONE RAVINIA DR, STE 1500**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VAS** ☐ Change ☒ Addition
NAME **Zurovec, Darrell**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VAT** ☐ Change ☒ Addition
NAME **Straub, William C.**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Sims, Wynn G.**
STREET ADDRESS **One Ravinia Dr., Ste. 1500**
CITY-ST-ZIP **Atlanta, GA 30346**

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: **Wynn G. Sims, Asst. Sec.**

1/8/02

678-443-6775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)