

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2001 90220 001 *2,100.00

24010



DO NOT WRITE IN THIS SPACE

DOCUMENT # P27091

1. Entity Name
PRISM REHAB SYSTEMS, INC.

Principal Place of Business ONE RAVINIA DRIVE SUITE 1500 ATLANTA GA 30346	Mailing Address ONE RAVINIA DRIVE SUITE 1500 ATLANTA GA 30346
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 54-1537031	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGAN, GEORGE D ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS WHITTLE, SUSAN ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDREWS, TODD ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GENTRY, BOYD P ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MIELE, STEFANO M ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOTERMANN, JOHN ONE RAVINIA DRIVE, SUITE 1500 ATLANTA GA 30346 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David R. Wilson One Ravinia Dr., Suite 1500 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President and Asst. Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Danette Manzi One Ravinia Dr., Suite 1500 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **Stefano Miele** 1/29/01 678-443-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)