

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90188 042 ***150.00

0688702 AT

DOCUMENT # P27091

1. Entity Name
PRISM REHAB SYSTEMS, INC.

Principal Place of Business Mailing Address
ONE RAVINIA DRIVE ONE RAVINIA DRIVE
SUITE 1500 SUITE 1500
ATLANTA GA 30346 ATLANTA GA 30346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **54-1537031** 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 SOUTH 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, 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	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DAVID R.	
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	MANZI, DANETTE	
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GENTRY, BOYD P	
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOTERMANN, JOHN	
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrews, Todd	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Straub, William C.	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zurovec, Darrell	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sims, Wynn G.	
STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. Date: 1/8/02 Daytime Phone #: 678-443-6775

CR2E034 (9/01)