

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097824

1. Entity Name

MRC REHABILITATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90064 043 ***150.00

Principal Place of Business ATTN: TAX-21 ONE SEAGATE TOLEDO OH 43604	Mailing Address ATTN: TAX-21 ONE SEAGATE TOLEDO OH 43604-1558
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3357644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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, 2000 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	D <input type="checkbox"/> Delete
NAME	ORMOND, P A
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO O 43604
TITLE	O <input type="checkbox"/> Delete
NAME	WEIKEL, M K
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH 43604
TITLE	O <input type="checkbox"/> Delete
NAME	BIXLER, R J
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH 43604
TITLE	O <input type="checkbox"/> Delete
NAME	KINSCHNER, W H
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH 43604
TITLE	O <input type="checkbox"/> Delete
NAME	LAZARUS, B A
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH 43604
TITLE	O <input type="checkbox"/> Delete
NAME	MOLER, S C
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH 43604

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #