

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017644

1. Entity Name

DELTA REHAB GROUP, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90116 003 ***150.00

00012898



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
125 W ROMANA ST STE 400 PENSACOLA FL 32501 US	125 W ROMANA ST STE 400 PENSACOLA FL 32501-5848 US

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	59-3378978	Applied For
		Not Applicable

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
BELL, SCOTT J 125 W ROMANA ST STE 400 PENSACOLA FL 32501

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	<input type="checkbox"/> Delete
NAME	TREHERN, W. EDWARD
STREET ADDRESS	125 W ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	ST. PE', GERALD
STREET ADDRESS	125 W ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROY C
STREET ADDRESS	125 W ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	HOLLOWAY, J L
STREET ADDRESS	125 W ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	BELL, SCOTT J
STREET ADDRESS	125 W ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	TOLAN, JOHN J JR
STREET ADDRESS	125 W ROMANA ST, STE 400
CITY-ST-ZIP	PENSACOLA FL

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 OF SCOTT J. BELL 01/10/00 850-432-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)