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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90110 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052833

1. Corporation Name

CRYSTAL RIVER HEALTHCARE & REHAB, INC.

Principal Place of Business

460 BRIARWOOD DRIVE, SUITE 410
JACKSON MS 39206

Mailing Address

P.O. BOX 12000
JACKSON MS 39236-2000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

72-1377716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BLACK, JOHN L JR**
STREET ADDRESS **235 ST. ANDREWS**
CITY-STATE-ZIP **JACKSON MS 39211**

TITLE **ST** ☐ DELETE
NAME **DUNBAR, CHAUNCEY R**
STREET ADDRESS **2339 TIFFANY CIRCLE**
CITY-STATE-ZIP **FLORENCE MS 39073**

TITLE **PD** ☐ DELETE
NAME **ARNOLD, BOBBY R**
STREET ADDRESS **4680 HICKORY DRIVE**
CITY-STATE-ZIP **JACKSON MS 39211**

TITLE **VP** ☒ DELETE
NAME **WALDROP, MARK**
STREET ADDRESS **106 CRIMSON LANE**
CITY-STATE-ZIP **BRANDON MS 39046**

TITLE **D** ☐ DELETE
NAME **BLACK, JOHN L III**
STREET ADDRESS **46 NORTHTOWN DRIVE**
CITY-STATE-ZIP **JACKSON MS 39211**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **870 HWY. 469 SOUTH**
2.4 CITY-STATE-ZIP **FLORENCE, MS 39073**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **ANN T. DUKES**
4.4 CITY-STATE-ZIP **150 WILLOW WAY DRIVE**
FLORA, MS 39071

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a like empowered.

SIGNATURE: **Chauncey R Dunbar Sec** **4/23/99** **601-956-1013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)