

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90143 045 ***150.00

DOCUMENT # P97000052833
 1. Entity 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 |
|---|--|

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



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 72-1377716 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | D BLACK, JOHN L JR 235 ST. ANDREWS JACKSON MS 39211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DUNBAR, CHAUNCEY R 870 HWY. 469 SOUTH FLORENCE MS 39073 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARNOLD, BOBBY R 4680 HICKORY DRIVE JACKSON MS 39211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DUKES, ANN T 150 WILLOW WAY DRIVE FLORA MS 39071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLACK, JOHN L III 46 NORTHTOWN DRIVE JACKSON MS 39211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 24 Provence Blvd. Madison, MS 39110 |
| 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 P.O. Box 12000 Jackson, MS 39236 |
| 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 310 Maplewood Place Ridgeland, MS 39157 |
| 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)(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 *Chauncey R. Dunbar, Sec* **Chauncey R. Dunbar** 601-956-1013
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)