

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052833

1. Entity Name

CRYSTAL RIVER HEALTHCARE & REHAB, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90143 045 ***150.00

Principal Place of Business

Mailing Address

460 BRIARWOOD DRIVE, SUITE 410
JACKSON MS 39206

P.O. BOX 12000
JACKSON MS 39236-2000

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 72-1377716

Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 24 Provence Blvd.
CITY-ST-ZIP Madison, MS 39110 ☐ Change ☐ Addition

TITLE ST
NAME DUNBAR, CHAUNCEY R
STREET ADDRESS 870 HWY. 469 SOUTH
CITY-ST-ZIP FLORENCE MS 39073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME ARNOLD, BOBBY R
STREET ADDRESS 4680 HICKORY DRIVE
CITY-ST-ZIP JACKSON MS 39211 ☐ Delete

TITLE
NAME
STREET ADDRESS P.O. Box 12000
CITY-ST-ZIP Jackson, MS 39236 ☐ Change ☐ Addition

TITLE VP
NAME DUKES, ANN T
STREET ADDRESS 150 WILLOW WAY DRIVE
CITY-ST-ZIP FLORA MS 39071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 310 Maplewood Place
CITY-ST-ZIP Ridgeland, MS 39157 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

601-956-1013

CR2E034 (9/99)