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May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086606
1. Corporation Name

DAYTONA BEACH HEALTHCARE & REHAB, INC.

Principal Place of Business

Mailing Address

460 BRIARWOOD DR., SUITE 410
JACKSON MS 39206

P.O. BOX 12000
JACKSON MS 39236-2000

3. Date Incorporated or Qualified

3a. Date of Last Report

10/7/97

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

64-0886528

NOT APPLICABLE

22

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ YES

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORP SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 of registered agent and the corporation (NOTE: Registered Agent signature required when resigning)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME DUNBAR, CHAUNCEY R.
STREET ADDRESS 2339 TIFFANY CIR
CITY-ST-ZIP FLORENCE MS 39073

2.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME ARNOLD, BOBBY R.
STREET ADDRESS 4680 HICKORY DRIVE
CITY-ST-ZIP JACKSON MS 39211

3.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME WALDROP, MARK
STREET ADDRESS 106 CRIMSON LANE
CITY-ST-ZIP BRANDON MS 39046

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

Director
John L. Black, III
46 Northtown Drive
Jackson, MS 39211

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

000002538440

-05/28/98--01019--034

***150.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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.

SIGNATURE:

Chauncey R. Dunbar

4-29-98

601-956-1013