

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90110 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000086606**

1. Corporation Name

**DAYTONA BEACH HEALTHCARE & REHABILITATION, 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

**10/07/1997**

4. FEI Number

**64-0886528**

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

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION 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

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 NORTH TOWN 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 letter like empowered.

SIGNATURE:

*Chauncey R Dunbar, Sec*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/99**  
Date

**601-956-1013**  
Daytime Phone #

CR2E034 (1/98)